



# ROLL CALL

## NEW ATTENDEE INFORMATION FORM

Please fill out this form completely. Thank you for interest in Roll Call.

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### CONTACT INFORMATION

Name: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Retired: Y/N If not, fill out employment info.

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Are you a veteran? Y/N      If yes, please fill out the next section. If not, skip to last section.

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### SERVICE INFORMATION

Branch of Service: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Era of service: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_  
(WWII, Korea, Vietnam, Cold War/Peace Time, Desert Storm/Shield, etc.)

Division or Unit: \_\_\_\_\_ Battles or Engagements: \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_