



NEW ATTENDEE INFORMATION FORM

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

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.

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: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation to you: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Work: _____

Email: _____