

PARTICIPANTS INFORMATION SHEET

Rank: _____ **ETS:** _____
Name: _____
(Last) **(First)** **(MI)**
Address: _____
City: _____ **State:** _____ **Zip:** _____
SSN: _____ **DOB:** _____
Home Phone: _____ **Cell Phone:** _____
Work Phone: _____
E-Mail Address: _____
Alternate E-Mail Address: _____

PROFILE

Profile: Yes No **Passing HT/WT:** Yes No **Date:** _____
Passing APFT: Yes No **Date:** _____

UNIT INFORMATION

Unit: _____ **Phone:** _____
Readiness NCO: _____ **Commander:** _____

EMPLOYER INFORMATION

Employer: _____ **Address:** _____
Position: _____

COLLEGE INFORMATION

College: _____ **Location:** _____
ROTC: Yes No

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work							
School							

“Honoring those who served.”

