

**REGISTRATION & INFORMATION**

**YELLOW RIBBON FAMILY READINESS WORKSHOP PHASE II**

*Family Information: This registration form is to secure attendance numbers for the Yellow Ribbon Workshop and to publish Invitational Travel Authorization (ITA) that are required for every attending family member listed below.*

**SERVICE MEMBER:**

NAME/RANK: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_

HOME EMAIL ADDRESS: \_\_\_\_\_

ASSIGNED UNIT: \_\_\_\_\_

**FAMILY / SIGNIFICANT OTHER ATTENDING**

**(Please circle one below)**

**SPOUSE    SIGNIFICANT OTHER    PARENT: 1 or 2    GRANDPARENT: 1 or 2    OTHER \_\_\_\_\_ (specify)**

NAME: \_\_\_\_\_

SSN (required for ITA): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CURRENT PHYSICAL ADDRESS: \_\_\_\_\_

SPECIAL ASSISTANCE REQUIRED/FOOD ALLERGIES: \_\_\_\_\_

HOW FAR IS YOUR FAMILY MEMBER TRAVELING?

Under 50 Miles     Over 50 Miles but under 150     Over 150 Miles

If over 50 miles, will your family need a hotel room?     Yes     No

If over 50 miles, will your family need a rental car?     Yes     No

**(Please circle one below)**

**SPOUSE    SIGNIFICANT OTHER    PARENT: 1 or 2    GRANDPARENT: 1 or 2    OTHER \_\_\_\_\_ (specify)**

NAME: \_\_\_\_\_

SSN (required for ITA): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CURRENT PHYSICAL ADDRESS: \_\_\_\_\_

SPECIAL ASSISTANCE REQUIRED/FOOD ALLERGIES: \_\_\_\_\_

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**(Please circle one below)**

**SPOUSE**    **SIGNIFICANT OTHER**    **PARENT: 1 or 2**    **GRANDPARENT: 1 or 2**    **OTHER** \_\_\_\_\_ (specify)

NAME: \_\_\_\_\_

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CURRENT PHYSICAL ADDRESS: \_\_\_\_\_

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If over 50 miles, will your family need a hotel room?     Yes     No

If over 50 miles, will your family need a rental car?     Yes     No

**LIST EACH ATTENDING CHILD/TEEN SEPARATELY**

Name: \_\_\_\_\_ AGE: \_\_\_\_\_

Child's SSN: \_\_\_\_\_ Food Allergies N / Y \_\_\_\_\_ (specify)

ADDRESS: (Same as above) or \_\_\_\_\_

SPECIAL ASSISTANCE REQUIRED: \_\_\_\_\_

Name: \_\_\_\_\_ AGE: \_\_\_\_\_

Child's SSN: \_\_\_\_\_ Food Allergies N / Y \_\_\_\_\_ (specify)

ADDRESS: (Same as above) or \_\_\_\_\_

SPECIAL ASSISTANCE REQUIRED: \_\_\_\_\_

Name: \_\_\_\_\_ AGE: \_\_\_\_\_

Child's SSN: \_\_\_\_\_ Food Allergies N / Y \_\_\_\_\_ (specify)

ADDRESS: (Same as above) or \_\_\_\_\_

SPECIAL ASSISTANCE REQUIRED: \_\_\_\_\_

Name: \_\_\_\_\_ AGE: \_\_\_\_\_

Child's SSN: \_\_\_\_\_ Food Allergies N / Y \_\_\_\_\_ (specify)

ADDRESS: (Same as above) or \_\_\_\_\_

SPECIAL ASSISTANCE REQUIRED: \_\_\_\_\_