



SOMK (Speak Out for Military Kids) RETREAT Registration

April 13-15, 2012

Tundra Lodge, Green Bay, WI

Return by March 30 to

OMK SOMK RETREAT, PO Box 531 La Crosse, WI 54602



Contact Information

Youth's Name _____
Last First Middle Initial

Youth's Address _____
Street or Box City State Zip Code

Youth's Phone Number () _____ Birth Date _____ Age _____ Sex: M F
Month/day/year

Youth's e-mail _____ Parent's e-mail _____

Emergency Contact: Name _____ Relationship to Youth: Parent Guardian Other:

Daytime Phone Number () _____ Evening Phone Number () _____

Cell Phone Number () _____ Address _____
City State

List any special dietary needs _____

** If necessary, please indicate below what accommodations your child would need, and for which activities:

Military Branch please indicate which branch you are affiliated with

Air Force Army Coast Guard Marines Navy Army National Guard Air National Guard

Reserves (please indicate which branch represented) _____

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Print Subject's Name (adult or youth) _____

Signature/Date _____

Print Name of Parent/Guardian _____

(Parent or guardian must sign if subject is under age 18)

Address _____

City/State/Zip _____ Telephone (_____) _____

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