

CELEBRATE

MILITARY FAMILY APPRECIATION MONTH

CONSTRUCTING CANS FOR HELPING HANDS

REGISTRATION FORM

(CIRCLE ONE): UNIT – GROUP – FAMILY – DIRECTORATE - AGENCY – OFF POST GROUPS

NAME OF ORG: _____

TYPE OF STRUCTURE: _____

RULES AND REGULATIONS READ BY TEAM LEADER: YES NO

NUMBER OF CANS: _____

TEAM MEMBERS: Include any additional team members on the back of this page.

TEAM LEADER or POC:

NAME: _____

PHONE #: _____

EMAIL ADDRESS: _____

