



Registration Form

Requester/Host

Last Name: _____ First Name: _____ MI: _____ DOB: _____

Street Address: _____ Email address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ # of Family Members: _____

of Soldiers you would like to sponsor: _____ Male Female No Preference

Driver Licence # _____ State: _____ Expiration Date: _____

Make: _____ Model: _____ Year: _____ Plate Number: _____ State: _____ Color: _____

NOTE: Due to the increased safety and security measures, registrars/hosts must PHYSICALLY receive the Soldiers in the vehicle listed on the form above.

It is important to remember that this is a voluntary event for our Soldiers. While we will make every attempt to honor every sponsor's request, there is a possibility that there will be more sponsors than the number of volunteered Soldiers. Should the number of sponsors exceed requirements, those last to register will be notified prior to the event. Therefore, we encourage you to register as soon as possible.

Please return the form to:

Mail:

32d Medical Brigade
ATTN: Brigade S-3 Operation Thanksgiving 2016
2851 Harney Path, Building 902
JBSA Fort Sam Houston, TX 78234-5093

or E-mail:

usarmy.jbsa.medcom-ameddcs.mbx.mission-thanksgiving@mail.mil

or FAX:

(210) 808-4927