

Breakfast W/Santa

Guest Registration Form

*Registration must be submitted No Later Than midnight on
December 10, 2016.*

Age 2 - 12yrs old

Each child should be accompanied by one adult with a Military ID.

Child Name: _____

Child Age: _____

Male/Female: _____

Adult Name: _____

Contact Number: _____

Email Address: _____

Address: _____

Military Branch: _____

Organization Referred: _____

*WOULD YOU LIKE TO VOLUNTEER FOR OTHER UPCOMING
EVENTS? YES/NO*

*ARE YOU INTERESTED IN JOINING OR LEARNING MORE ABOUT
VISIONS OUTREACH MEMBERSHIP OPPORTUNITY? YES/NO*

Please return this form to spettway@visionsoutreach.org

