2008 New Jersey Wing Conference On-Site Registration Form

☐ **Senior Officer = $30.00** ☐ **Cash** ☐ **Check # _____**

☐ **Cadet / Guest = $25.00** *Make Checks Payable to:* **NJ Wing Civil Air Patrol**

Name & Rank: _____ CAP ID: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

REMEMBER… *ALL individuals MUST have photo ID. CAP members must also carry a current CAP ID card at all times.*

UNIT INFORMATION (*CAP members only*)

☐ I'm not a member, please send me information!

Unit Name: _____ Charter #: _____

Unit Location: _____

Unit Commander's Name: _____ Cell Phone: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY MEDICAL DATA

Personal Physician: _____ Phone: _____

Physician's Address: _____ City: _____

Blood Type: _____ Please list pertinent Medical Data (allergies, diseases, chronic illnesses, medications, etc.) below:

_____

_____

_____

_____