SQUADRON FAMILY INFORMATION SHEET

	Members Name	Spouse/Fiancé/Significant Other/Parent
Name *(last, first & m.i)*		
Military Status *(AD, Reserves, Guard, Civilian)*		
Rank		
Home Address		
Phone #		
E-mail Address		
Preferred Method of Contact		
Special Needs *(Y/N, Specify)*		

Children

Name	Gender	Age	Special Needs

Pets

Name	Age	Type of Pet	Special Instructions

* I do/do not (*circle one*) want to be contacted by the Squadron's Key Spouse about social events *