

# Cadet Mini-Registration

Please type your response in the provided fields.

Date \_\_\_\_\_

Cadets Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Gender:    **M**        **F**    Preferred Gender:    **M**        **F**

Social Security #: \_\_\_\_\_ DoD ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Host School \_\_\_\_\_ FICE CODE \_\_\_\_\_

School HRA Telephone \_\_\_\_\_

School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

SMP Unit Name \_\_\_\_\_ UIC \_\_\_\_\_

SMP Unit POC & Telephone \_\_\_\_\_

SMP Unit Street Address \_\_\_\_\_

SMP City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you a Service Member?  Yes  No

If yes, Army:  Regular  Reserves      National Guard

Are you a Dependent of a Service Member?  Yes  No

If yes: Sponsor's Social Security # \_\_\_\_\_

List known allergies and reaction:  None