

QUESTIONNAIRE

DATE _____

FOLLOWING INFO PERTAINS TO CADET

Last Name _____
First Name _____
Middle Initial _____
Name you Prefer _____
Sex _____
Race _____
Date of Birth _____
Mailing Address _____ (Street/PO Box)
_____ (City & zip code)
Home Phone _____
Cell Phone _____
E-mail Address _____

THIS PART PERTAINS TO PARENTS/GUARDIANS

Relation to Cadet _____
Last Name _____
First Name _____
Home Phone _____
Work Phone _____
Cell Phone _____
Mailing Address (if different) _____

E-mail Address _____