

WING FAMILY OF AMERICA, INC., NATIONAL REUNION

Des Moines, Iowa

June 15-17, 2018

# REGISTRATION

Complete registration for each attendee. This form can be copied if needed for additional attendees. Print information and use name as it should appear on your badges.

### Primary Contact

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state and zip code: \_\_\_\_\_

For emergency purposes, provide phone name and phone number: \_\_\_\_\_

Family line: (John, Daniel, Stephen or Unknown): \_\_\_\_\_

Are you a member of the Wing Family of America (WFA): \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you attended a previous WFA Reunion: \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional registration(s) for person(s) in your household:

2. Last Name \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Age: \_\_\_\_\_ 12+ years \_\_\_\_\_ 3-11 years \_\_\_\_\_ 0-2 years

Are you a member of the WFA: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you attended a previous WFA reunion: \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Last Name \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Age: \_\_\_\_\_ 12+ years \_\_\_\_\_ 3-11 years \_\_\_\_\_ 0-2 years

Are you a member of the WFA: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you attended a previous WFA reunion: \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Last Name \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Age: \_\_\_\_\_ 12+ years \_\_\_\_\_ 3-11 years \_\_\_\_\_ 0-2 years

Are you a member of the WFA: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you attended a previous WFA reunion: \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Last Name \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Age: \_\_\_\_\_ 12+ years \_\_\_\_\_ 3-11 years \_\_\_\_\_ 0-2 years

Are you a member of the WFA: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you attended a previous WFA reunion: \_\_\_\_\_ Yes \_\_\_\_\_ No

