



of Hampton Roads



USO EFM DAY AT KINGS DOMINION REGISTRATION FORM

Form must be filled out completely and returned to your EFMP Coordinator NLT 14 June 08.

For more information contact Eva Granville at 788-3878 /289-5917 or eva.granville@us.army.mil

PLEASE PRINT CLEARLY.

Military Members Name: _____

Rank: _____ Unit: _____ Email: _____

Military Installation: _____

Commander: _____ Unit Phone Number: _____

Branch: Air Force Army Navy/Marine Coast Guard

Family Members Names		(T-Shirt)
Military Member	_____	Size _____
Spouse	_____	Size _____
Children	Age _____	Size _____
	Age _____	Size _____
	Age _____	Size _____
	Age _____	Size _____
	Age _____	Size _____

Which child in the family is the Exceptional Family Member? _____

(This is the qualifying EFM child)

Child's Diagnosis: _____

Special Medical Needs the Park may need to know: _____

Does the child require a wheelchair or stroller from the Park? _____ Yes _____ No

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____

I give my consent for my family to be photographed and use in the military/local papers

Yes: _____ No: _____