

Family Members (please attach additional pages if needed)

First Name	Last Name	Relationship	Age/Sex	Clothes Size	Wish list
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Note: Form must be signed and faxed to 757-788-4988 or emailed to USOHR@usohr.com

Military Member Signature: _____ Date _____

USO Outreach Director: _____ Date _____

Approved _____ Disapproved _____

Adopted by: _____

POC: _____ Phone _____