



# **STRONG BONDS TRAINING**

*Participant Registration Form (Electronic fillable)*

Once filled please send attachment to: ***usaf.dc.113-wg.list.hc-dsg@mail.mil***

Attended any Strong Bond Event Before: YES  NO

List Courses: \_\_\_\_\_  
*(i.e. 7 Habits, Laugh Your Way (LYW), etc.)*

Section: Family

Event Date: 16-18 June

Member Rank/Name: \_\_\_\_\_

Unit/ Squadron: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Work Number: \_\_\_\_\_

Member Cell Number: \_\_\_\_\_

Spouse Cell Number: \_\_\_\_\_

Member Work E-mail: \_\_\_\_\_

Member Personal E-mail: \_\_\_\_\_

Children #1: \_\_\_\_\_ Age \_\_\_\_\_

Children #2: \_\_\_\_\_ Age \_\_\_\_\_

Children #3: \_\_\_\_\_ Age \_\_\_\_\_

Children #4: \_\_\_\_\_ Age \_\_\_\_\_

Children #5: \_\_\_\_\_ Age \_\_\_\_\_

Comment/Remark: \_\_\_\_\_

Family Dietary Restriction: \_\_\_\_\_

Participant # \_\_\_\_\_