

WING FAMILY OF AMERICA, INC., NATIONAL REUNION

Des Moines, Iowa

June 15-17, 2018

# REGISTRATION

Complete registration form for each address. Copy form if needed for registrant(s) at other address(es). Name of person who can be contacted regarding this registration. Print information and use name as it should appear on badge.

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

Age (needed for meal purposes: \_\_\_\_\_ 12+ years \_\_\_\_\_ 3-11 years \_\_\_\_\_ 0-2 years

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

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