



Event Registration Form

Which event are you registering your child/youth(s) for? _____

Child/Youth name: _____, age/gender _____,
school grade _____

Child/Youth address: _____

City/State/Zip: _____

Home Phone Number: (____) _____

Does your child have any special needs we should be aware of (i.e. Disabilities, medications, allergies, diet, behavioral issues)?

Service Member Parent/Guardian #1: _____

Current Deployment Status (if deployed in the last 3 years, please provide dates) _____

Cell phone: (____) _____ work: (____) _____ email: _____

Interested in Volunteering: Yes No

(Volunteers must be 18 years or older and pass a background check.)

Parent/Guardian #2: _____

Cell phone: (____) _____ work: (____) _____ email: _____

Interested in Volunteering: Yes No

Space is limited, the registration forms may be returned via email to ng.mo.moarng.mbx.child-and-youth-programs@mail.mil, faxed to 855-800-0265
press PAUSE PAUSE then enter 37729 OR 37739, or if you do not have these capabilities please call us at 573-638-9500 x 37729 or 37739!
Find us below on Facebook for more details or pictures of events!



****Due to funding restrictions, this event is open only to Missouri Army National Guard Youth.****