NY NATIONAL GUARD FAMILY PROGRAM

P.I.C.K

2009 SINGLE SOLDIER RETREAT REGISTRATION FORM

SERVICE MEMBER'S NAME: _____ **UNIT**_____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Telephone: (_____)_____ **Fax:** (_____)_____

Email Address: _____

- **REGISTRATION DEADLINE: <u>24 Aug 2009</u>**

  - **31 Aug-2 Sep 2009 SARANAC, NY**

IN CASE OF EMERGENCY WHILE IN ATTENDANCE AT THE RETREAT PLEASE CONTACT:

NAME:_____

PHONE NUMBER:_____

Please mail or fax completed registration form to:

Phone: (518) 786-4904
FAX: (518) 786-6075
Email: Theresa.baronelopez@us.army.mil

Theresa Barone-Lopez
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