

**Iowa National Guard Child & Youth Program
Warrior and Family Services Branch
JFHQ A-1 RM 186
7105 NW 70th Avenue
Johnston, IA 50131**



Registration Form:

Month of the Military Child Youth Lock-In April 26-27th

Location: Des Moines, Ia

Youth's Name: _____ Age: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: () _____

Last Grade Completed K 1 2 3 4 5 6 7 8 9 10 11 12

Date of Birth: _____ Gender: _____ M _____ F

NG Unit/Wing Representing: _____

Parent/Guardian Name: _____

*Parent/Guardian Signature: _____ Date: _____

Email Address: _____
Upon receipt of this form, event release forms will be sent out via email

***By typing our name above, You agree that this is valid as yoru signature.**

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