

MWR Customer Household Registration Information

REFERENCE: *System of Record Notice A0215, General MWR and Entertainment Records, Sep 4, 2001, 66 Federal Register 46266*

Privacy Act Statement

AUTHORITY: *10 U.S.C. 3013, Public Law 104-134-Apr 26, 1996*

Principal Purpose:

To collect, review, account for, and report MWR patronage data. In accordance with Public Law 104-134 dated April 1996, individuals conducting business with the Federal Government must provide their SSN or Taxpayer ID number. SSN is used to establish and maintain a numerical identification system for patron Households.

ROUTINE USES:

Establish and automate MWR activity registration, reservation, pass, and utilization tracking system to substantiate capital reinvestment in facilities.

DISCLOSURE:

Voluntary. MWR facilities reserve the right to refuse checks as a method of payment from individuals who do not provide their SSN. Failure to furnish information requested may result in a total or partial exclusion from participating in MWR activities, and may reduce hours of operation and/or lead to discontinuation of MWR programs.

DISPOSITION:

This registration form will be shredded and disposed of after data is input and verified by individuals who have signed a statement of Non-Disclosure.

Sponsor Information

Name (Last, First, MI):		Email Address:	
D.O.B.	S.S.N. (optional)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> DOD Civ <input type="checkbox"/> MLC / IHA <input type="checkbox"/> Other		Rank/Grade:	Branch:
Mailing (Local) Address (Street, City, State, Zip):			
Home Phone (Please indicate if DSN):		Alternative Phone (Optional):	
Emergency Contact (Please state name and relationship):			
Emergency Phone #:		Housing: <input type="checkbox"/> On Post <input type="checkbox"/> Off Post	

Spouse Information

Name (Last, First, MI):		Email Address:	
D.O.B.	S.S.N. (optional)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Sponsor/Spouse Signature _____

MWR Customer Household Registration Information

Page 2

(Please include this information on any other members of your Household)

Name (<i>Last, First, MI</i>):		Email Address:	
D.O.B.	S.S.N. (<i>optional</i>)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Name (<i>Last, First, MI</i>):		Email Address:	
D.O.B.	S.S.N. (<i>optional</i>)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Name (<i>Last, First, MI</i>):		Email Address:	
D.O.B.	S.S.N. (<i>optional</i>)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Name (<i>Last, First, MI</i>):		Email Address:	
D.O.B.	S.S.N. (<i>optional</i>)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Name (<i>Last, First, MI</i>):		Email Address:	
D.O.B.	S.S.N. (<i>optional</i>)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Name (<i>Last, First, MI</i>):		Email Address:	
D.O.B.	S.S.N. (<i>optional</i>)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Sponsor/Spouse Signature _____ Date: _____