

SEMPER FIT CENTER HOUSEHOLD REC TRAC FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Status: _____

Military Grade of Sponsor: _____ Military Rank of Sponsor: _____

Once the form is filled out, the customer is required to come into the facility with their ID to complete the registration.

RETIREE INFORMATION

(Uses demographic information from top of form)

Retiree Category: Military Retiree Spouse of Retiree

Retiree Rank/Grade: _____

Branch of Service: _____

DOD CIVILIAN INFORMATION

(Uses demographic information from top of form)

DoD Civilian Status: GS Employee NAF Employee Contractor Other: _____

Civilian Grade/Rank (GS/NAF/Contractor Level): _____

Print Form

Save Form

Clear Form

