

U.S. Army Garrison Hawaii
FY17 Army Family Action Plan Conference Application
Delegate, Facilitator, Recorder/Transcriber, or Issue Support Person

DATA REQUIRED BY THE PRIVACY ACT OF 1974; AUTHORITY: 5 USC 301, 10 USC 3013. PRINCIPAL PURPOSE: Identification of participants in the Army Family Action Plan Planning Conference. Used to contact participants and as basis for preparing a directory of conference attendees, which will be distributed to attendees and Army officials for networking purposes. DISCLOSURE: Disclosure is voluntary. If the requested information is not provided, registration for the conference and inclusion in the conference directory may not be possible.

FULL NAME (First & Last): _____

EMAIL: _____

PHONE: _____

MILITARY AFFILIATION (if applicable):

Are you a: Soldier or Retiree Spouse of Soldier or Retiree Youth of Soldier or Retiree

Are you or your sponsor: Active Duty Reserve National Guard Retired

Rank: _____

DA CIVILIAN AFFILIATION (if applicable):

Are you a: DA Civilian Employee Spouse of a DA Civilian Youth of a DA Civilian

Are you or your sponsor: APF NAF

Grade/Series: _____

FAMILY STATUS:

Single Married Widow(er)/Survivor

FAMILY TYPE:

Dual-Military Sole-Parent Other

EMERGENCY CONTACT:

Name: _____ Phone: _____

Completed forms can be turned in at ACS Schofield Barracks, Bldg. 2091, Kolekole Ave or digitally sent via e-mail to usarmy.schofield.imcom-pacific.mbx.dfmwr-acfap@mail.mil. Submission deadline is Monday, October 31, 2016.