



JACK SCHWEIKER COMPOSITE SQUADRON

NEW JERSEY WING, CIVIL AIR PATROL

<http://schweiker.njwg.cap.gov>



PARENT/GUARDIAN CONTACT ROSTER - DATA SHEET

Cadet Name: _____
(Last Name) (First Name)

	GUARDIAN 1	GUARDIAN 2
Name, Relationship:		
Street Address:		
Address 2:		
City, ST ZIP		
Home Phone:		
Cell Phone:		
E-mail Address:		

Is there another person (grandparent, sibling, etc.) that you would like to have listed as a contact? Please list them here:

Name	Relationship
Street Address	Address 2
City, ST ZIP	Home Phone
Cell Phone	E-mail address

Who should be on the parents' e-mail distribution list (pick at least one; all are eligible)?

GUARDIAN 1 GUARDIAN 2 OTHER

Who should be the primary contact for important, time-sensitive updates (i.e. – last minute changes in activities, delayed arrival times, etc. – pick only one, please)?

GUARDIAN 1 GUARDIAN 2 OTHER

Information on this form will be used exclusively to keep you informed about your cadet's activities in Civil Air Patrol. It will not be shared, sold or otherwise distributed outside of CAP or Jack Schweiker Composite Squadron.