ROCKWELL COLLINS CRAFT CLUB

REGISTRATION FORM

FY 2013

(**DO NOT** SEND CLUB MEMBERSHIP MATERIAL (DUES, REGISTRATION FORM) THROUGH COMPANY MAIL

(CHECKS FOR MEMBERSHIP SHOULD BE MADE PAYABLE TO: ROCKWELL COLLINS CRAFT CLUB)

RETURN TO: Patti Little MEMBERSHIP CHAIRPERSON USE ONLY

3685 28th Ave. Check #\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_

Marion, IA 52302

PLEASE PRINT PLEASE PRINT

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Zip + 4)

e-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we send the monthly newsletters electronically to your email address? Yes  No

If working: Ext. \_\_\_\_\_\_\_\_\_\_\_ Mail Station \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday – Month \_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_\_\_

Rockwell Collins Association: (Choose the **one** that fits your situation)

|  |  |  |  |
| --- | --- | --- | --- |
| CHECK |  | FILL IN | AMOUNT DUE |
|  | Working | Year of Hire? | Fee $12.00 |
|  | Retired | Year Retired? | Fee $12.00 |
|  | Spouse | Name? | Fee $12.00 |
|  | Spouse Retired | Year Retired? | Fee $12.00 |
|  | Contract | Agency? | Fee $12.00 |
|  | Other |  | Fee $12.00 |

Activity: ROCKWELL COLLINS CRAFT CLUB Participation fee \_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE:**

I understand that the above named activity is sponsored for recreational purposes only. I also understand the nature of the activity including its possible risks and voluntarily register for participation.

I hereby release Rockwell Collins, Inc., from any claims, demands or damages because of injury or death, other than customary and reasonable medical expenses under the existing company medical plan, resulting in any way from

participation in this activity

Signature: Date \_\_\_\_\_\_\_\_\_\_\_\_

\*Subsidized participants are defined as current employees, retired employees, and spouses of the above. All other participants must pay an amount equivalent to the companies per person subsidy plus individual fee established for this activity. Inclusion of non-subsidized participants will be subject

to each individual program's concurrence.

FOR OFFICE USE ONLY:

Total amount received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed