

FY20 SUPPLEMENTAL ACTIVITY REGISTRATION FORM

Collins Woodworkers Guild

Name: _____
Preferred Email: _____
Preferred Phone: _____
Home Address: _____
Work Phone: _____ Mail Drop: _____

Treasurer/Registration Coordinator: Jerry Roland

Participation fee: \$20.00

Cash Check Check # _____ payable to **Collins Woodworkers Guild**

Status:

| |
|--------------------------------|
| <input type="radio"/> Employee |
| <input type="radio"/> Spouse |
| <input type="radio"/> Retiree |
| <input type="radio"/> Contract |
| <input type="radio"/> Other** |
| ** (non-subsidized) |

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 Collins Aerospace. 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, Contract Employees, and spouses of the above. Inclusion of non-subsidized participants will be subject to each individual program's concurrence.

FOR OFFICE USE ONLY

Office Signature: _____ Date: _____

Subsidized Participant: @ \$_____ Non-subsidized Participant @ \$_____