



**National Fallen Firefighters Memorial Weekend
October 1 - 3, 2010
Honor Guard Unit & Pipe Band Registration**

Provide the following information regarding your Honor Guard Unit. We will use this information for all future contact with your unit. (Type or print clearly):

Our Unit has a fallen Firefighter being honored at the 2010 Weekend Yes No
If yes, we would like on-campus housing for up to four of our personnel* Yes No
 (Please indicate which four should receive housing)

***No On-campus Housing provided for units that do not have a fallen Firefighter being honored on the Memorial**

Fallen Firefighter's Name (if applicable): _____

Unit Name: _____

Unit Commander's Name: _____

(Please indicate the person commanding the unit/band during the Memorial Weekend event if he/she differs from the actual commander)

Mailing Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone (optional): _____

Cell Phone: _____ Pager Number: _____

E-mail Address: _____

Preferred method of contact - (Work Phone, Home Phone, Cell Phone, Pager or E-mail Address) – **Circle one**

Please provide all information for each unit member who will attend the Weekend - as we provide on-campus meals and may require it in the event of dealing with the Secret Service.**

**** - Failure to provide information will cause a member or unit to be denied entry to the campus for the Memorial Weekend events.**

Our Unit Will Be On Campus:

(Check all dates that apply)

Name	Friday, October 1	Saturday, October 2	Sunday, October 3	Social Security Number (Required)***	Gender (M or F)	Date of Birth
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

***Social Security Numbers are collected as a Security Check in case of a Presidential visit.

If you have any questions, please contact Eric Nagle at the National Fallen Firefighters Foundation.

P.O. Drawer 498, Emmitsburg, MD 21727

Phone: (301) 447-1431

Fax: (301) 447-1645

E-mail: enagle@firehero.org

PLEASE RETURN THIS FORM via FAX, US MAIL OR E-MAIL.