



SPONSORSHIP QUESTIONNAIRE

Full Name: _____

Rank: _____

Date of Rank: _____

Sex: _____

MOS: _____

Special Qualification Identifier (Air Assault, Airborne, Drill Sergeant): (i.e., M, P, X, 4, 8, etc.)

Additional Skill Identifier (ie, 2S, 6D, E3, F5, H7, T4/5, Q3, etc) :

Losing Unit/Organization: _____

Current Work Phone: _____

Current Home Phone: _____

Alternate E-Mail: _____

Expected Arrival Date: _____

Are you taking any Permissive TDY? Yes/No If "Yes" Please give dates.

What kind of information would you like to receive? Housing, Pets, Outdoor Activities, etc.

Tour Status: Married/Accompanied, Single/Accompanied, Married/Unaccompanied
Single/Unaccompanied

Addresses where you can be reached during PCS travel/leave:

PCS Leave Address & Phone Number: _____

At this address until (Date): _____

Accompanying family members:

NAME	Sex	Age	Relation (Spouse/Son/Daughter, etc)

Do you need childcare for non-school aged children? : Yes/No

Are any of your family members enrolled in EFMP? : Yes/No If "Yes" Please

Explain: _____

Additional Comments, remarks, or special needs: _____

We can be reached at: E-mail: usarmy.sill.31-ada-bde.mbx.bde-s1@mail.mil

Phone number: 580-442-4955/0321/0323/0320/0858