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SPONSOR QUESTIONNAIRE

IMARY'S NAME* (L						-	-	nt of co	
	.ast, First, MI)					BIRTHDAT			
My preferred title is ((i.e. Dr/Mr/Mrs/Lt Col	Retired):			S	EX:	(MM-DD-	YYYY)
	? Yes No If not,						·E		
OUSE'S NAME (Last,					c	BIRTHDAT	E	MM-DD-	
	(i.e. Dr/Mr/Mrs/Lt Col				5		,		,
Are you a U.S. Citizen?	? Yes No If not, c	ountry of citizenship:							
STREET ADDRESS:		CI	TY/ZIP CODE	I					
-MAIL ADDRESSES:									
PHONE: (W)		(H)			(Cell)				
Check here if	f your contact information	in blue box is releasabl	le to cadets' parer	ts and USAFA st	aff members.				
Marital Status: (Cheo	ck) Married	Single Dive	orced Leg	ally Separate	d Widow	ed			
Primary's Information:				Spouse's Information:					
Status: Active Du	uty Retired Re	serve Parent of C	Cadet Stat	us: Active	Duty Retired	l Reserve	Parent	of Ca	det
(Check) DOD Civi		,	Member (Che			SAFA Grad			
Rank/ Grade:	ficer (O)		(GS) Ranl	(/ Grade:		_) Federal Se)
	listed (E) Air Force Army		Marines		Enlisted (E Air Force		ant (W_ st Guard		rines
Branch: (Check)			ce Force	h: (Check)	Navy	Merchant Mar		Space	Force
Home City/State:			Home	e City/State:					
Religious	Agnostic/Atheist	Non-Denominatio	onal Christian	Methodist	Catholic	Unknown/Uncomr	mitted	Baptis	t
Affiliation: (Check)	5 /	Buddhist Pro	otestant Mo	rmon/LDS		Other:	inteed	Duptio	
Do you have any o			ldren (ages):		Tee	nagers (ages):			
Cats Dogs	Other pets Smo RTS/HOBBIES: 1)	-				3)			
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