USAG BAVARIA, GARMISCH
Veterans Day 10K Run

REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

_____/_____/_____ _____
Name (Last) (First) (MI) Rank/Grade

Unit _____ Garrison/Community Select

Select _____ _____ Select _____
CMR BOX APO

_____ _____
Duty Phone Email address

GENDER Select_____ MILITARY Select_____ DOB _____

PRINT NAME: _____ DATE: _____

Download completed form and email to usarmy.bavaria.id-europe.list.garmisch-fitness-program@army.mil