

# "Owning My Own Readiness"

## REGISTRATION FORM



NAME (LAST, FIRST M.)	RANK:	DATE:
UNIT/COMPANY	GARRISON	APO

EMAIL: \_\_\_\_\_

I'm entering the BHI "Owning My Own Readiness Program." I'm committed to an active lifestyle and to the best of my knowledge I am in good health and I voluntarily elect to participate.

\_\_\_\_\_  
SIGNATURE