

I Want to Be an Eglin Pen Pal

Name: _____ Age: _____

How long have you lived on Eglin AFB or in the area? _____

I would like to be: (Please select all that apply)

- An Eglin Pen Pal through E-mail

My E-Dress is : _____

- An Eglin Pen Pal through the mail

Mailing Address: _____

City, State: _____

Zip Code: _____

- A Tour Guide for Orientation Night

Do you have any siblings? ___ If yes, how old are they? _____

What school do you attend? _____

District? _____

Grade? _____

List activities you participate in during your time at school:

1. _____
2. _____
3. _____

List some of your hobbies/activities:

1. _____
2. _____
3. _____

List something of your favorite things to do in Florida:

1. _____
2. _____
3. _____

Sponsor's Name & Duty Station: _____

Sponsor's Signature: _____