

We Will Miss You at Eglin AFB

Please complete the following “getting to know you” information:

Name: _____ **Age:** ____

Moving to: _____

Expected departure date from Eglin: _____

I would like (please select all that apply):

a Welcome Package mailed to me at:

Mailing Address: _____

City, State, Country: _____

Zip Code: _____

a Pen Pal to E-mail me at

E-dress: _____

a Pen Pal to Write me at

Mailing Address: _____

City, State, Country: _____

Zip Code: _____

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

List activities you participate in during your time at school:

1. _____

2. _____

3. _____

List some of your hobbies/activities:

1. _____

2. _____

3. _____

List something new you would like to try:

1. _____

2. _____

3. _____

Sponsor’s Name and Duty Station: _____

Sponsor’s Signature: _____