



RECTRAC HOUSEHOLD INFORMATION FORM

(Complete and return to MWR staff member)

Please completely fill out the required information on the following pages in order to get entered into the Camp Humphreys MWR RecTrac database. Once your family is registered in RecTrac, your information will be accessible to all Camp Humphreys MWR Recreation facilities.

Being registered in RecTrac will give you and your authorized family members access to various MWR activities, facilities, and memberships. Look for the MWR logo around post to access our programs.

Some of these programs include:

- Instructional classes
- Gym passes
- Pool, and golf memberships
- Leisure and recreational trips
- Equipment and facility rentals
- Much more

Check the Camp Humphreys MWR website for more information:
<http://humphreys.armymwr.com/>

All information provided is for use by MWR staff only. No personal information will be given to any unauthorized persons. If you have any questions about this form, please ask a MWR staff member for assistance.



Sponsor Information

Who is the Sponsor?

- If dual military, sponsor = higher rank
- If military + civilian, sponsor = military
- If dual civilian, sponsor = either

First Name: _____ MI: _____ Last Name: _____

Gender (Circle One): M / F

DOB: ____/____/____
(MM) (DD) (YYYY)

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext.: _____

Email Address: _____

Military/Civilian Status

(Check One): Military: _____ DoD Civilian: _____ Non-DoD Fed Employee _____ DoD Contractor _____

Private Sector Civilian: _____ Retired Military: _____ ROK\KN\KATUSA _____

Complete if Military:

Branch (Check One): Army _____ Navy _____ USAF _____ Marines _____ USCG _____ USNG _____ RES _____

Military Rank: _____ Military Grade: _____



Additional Family Member Information, if any (Oldest to Youngest)
(Enter additional members on back of sheet)

What is a Family Member?
- Child/Dependent of Sponsor

Family Member

First Name: _____ MI: ____ Last Name: _____

Gender (Circle One): M / F DOB: ____/____/____
(MM) (DD) (YYYY)

Family Member

First Name: _____ MI: ____ Last Name: _____

Gender (Circle One): M / F DOB: ____/____/____
(MM) (DD) (YYYY)

Family Member

First Name: _____ MI: ____ Last Name: _____

Gender (Circle One): M / F DOB: ____/____/____
(MM) (DD) (YYYY)

Family Member

First Name: _____ MI: ____ Last Name: _____

Gender (Circle One): M / F DOB: ____/____/____
(MM) (DD) (YYYY)

Family Member

First Name: _____ MI: ____ Last Name: _____

Gender (Circle One): M / F DOB: ____/____/____