



 SILVER LAKE STATE UNIVERSITY Registration Form (To be filled out by the registrant)		
NAME (Last, First, Middle Initial) _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE () _____ DATE OF BIRTH _____ SEX <input type="checkbox"/> Male <input type="checkbox"/> Female OCCUPATION _____ GRADE _____ BRANCH _____ SERVICE NUMBER _____ GRADE _____ BRANCH _____ SERVICE NUMBER _____		