

Veterans' Day Program  
Special guest/s information form

Student's Name \_\_\_\_\_

Veteran's name and relationship to student \_\_\_\_\_  
\_\_\_\_\_

Branch of service \_\_\_\_\_

Years served and where \_\_\_\_\_

Will they be attending the program? Yes \_\_\_\_\_ No \_\_\_\_\_

Veteran's name and relationship to student \_\_\_\_\_  
\_\_\_\_\_

Branch of service \_\_\_\_\_

Years served and where \_\_\_\_\_

Will they be attending the program? Yes \_\_\_\_\_ No \_\_\_\_\_

Veteran's name and relationship to student \_\_\_\_\_  
\_\_\_\_\_

Branch of service \_\_\_\_\_

Years served and where \_\_\_\_\_

Will they be attending the program? Yes \_\_\_\_\_ No \_\_\_\_\_