

**FY19 SUPPLEMENTAL ACTIVITY REGISTRATION FORM**

For participants in the Collins Woodworkers Guild

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mail Drop: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Activity: Collins Woodworkers Guild

Activity Coordinator: Jerry Roland

Participation fee: \$15.00

Cash/Check, Check # \_\_\_\_\_ made payable to **Collins Woodworkers Guild**  
(circle one)

Status: \_\_\_\_\_

E= employee, S = spouse, R = retiree, C = contract, O = Other\*\* (non-subsidized)

Division: \_\_\_\_\_

EIT, CS, GS, IMS, ISS

**Release;**

I understand that the above named activity is sponsored for recreational purposes only. I also understand the nature of the activity including its possible risks and voluntarily register for participation.

I hereby release Rockwell Collins, Inc. from any claims, demands or damages because of injury or death, other than customary and reasonable medical expenses under the existing company medical plan, resulting in any way from participation in this activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*Subsidized participants are defined as current employees, retired employees, Contract Employees, and spouses of the above. Inclusion of non-subsidized participants will be subject to each individual program's concurrence.

**FOR OFFICE USE ONLY**

Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subsidized Participant: @ \$ \_\_\_\_\_ Non-subsidized Participant @ \$ \_\_\_\_\_