

Rockwell Collins Museum Club Registration

Employee Contract Intern Division: CS GS Other _____
 Spouse Retiree Mail Station: _____

Printed Name _____

Home Address _____

City _____, IA Zip code _____ Home Phone _____

Email _____ Work Phone _____

I have enclosed annual dues of \$15.00. Cash Check - Payable to Rockwell Collins Museum Club

I am interested in volunteering for _____.

Please provide any suggestions and/or comments on the reverse side. Please return this sheet with your payment to: Mark Kovalan, M/S: 105-175, 400 Collins Road NE, Cedar Rapids, IA 52498.

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., subsidiaries' and affiliates 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

FOR OFFICE USE ONLY

Office Signature: _____

Date: _____

Subsidized Participant: @ \$ _____

Non-subsidized Participant @\$ _____

Invoice # _____