3rd Squadron 5th U.S. Cavalry
Black Knights

Information Sheet

As part of our effort to keep our records up to date please provide us with the following information. If you are a relative of one of our fallen Brothers and wish to be on our mailing list, please fill out the Member and Spouse information. Indicate your relatives name and your relationship. We would be honored to have you as one of our family.

Member:

First Name: _____
Last Name: _____
Address: Street: _____
City,State _____
Zip Code _____
Preferred EMAIL Address: _____
Alternate EMAIL Address: _____
Preferred Phone Number: ____-____-_____
Alternate Phone Numbers: _____
Troop: ____ Date(s) in Vietnam _____ to _____
Rank while in Vietnam: ____ Platoon: ____ MOS/Job: _____

Spouse:

First Name: _____
Last Name: _____
If different than Members please let us know the following:
Preferred EMAIL Address: _____
Alternate EMAIL Address: _____
Preferred Phone Number: ____-____-_____
Alternate Phone Numbers: _____

Guest(s): First Name: _____ Last Name: _____
First Name: _____ Last Name: _____

Note: Please attach additional sheets as needed