

Family Information

Registration ID _____

Gender
F-Female
M-Male

Race Key
1-White
2-Black
3-Mixed Race
4-Hispanic
5-Native American
6-Asian
7-EasternEuro/Russian

Health Insurance Key
1-Medical Assistance
2-Medicare
3-HMO
4-Private Healthcare
5-MN Care
6-None

Use the numbers in the ‘Race & Health Insurance Keys’ in your answers.

Registrant	First Name	MI	Last Name	Birth Date	Notes	Gender F/M	Race	Health Insure
1 Primary				/ /				
2 Secondary				/ /				
3 Member				/ /				
4 Member				/ /				
5 Member				/ /				
6 Member				/ /				
7 Member				/ /				
8 Member				/ /				
9 Member				/ /				
10 Member				/ /				
11 Member				/ /				
12 Member				/ /				