



## Participation Form for the Monument to the Emigrant

By completing this participation form the name(s) submitted for registration will be recorded in the emigrant database.

Sponsor's Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name to be Recorded \_\_\_\_\_

Date of Birth \_\_\_\_\_ Emigration Date \_\_\_\_\_

Town of Origin \_\_\_\_\_

Destination Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

If Honoree is Deceased – Date \_\_\_\_\_

Husband/Wife Name \_\_\_\_\_

Children Name(s) \_\_\_\_\_

**Donation: \$** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Send To:

Regional Association of Campania in PA USA  
1759 North Hills Drive  
Norristown, PA 19401 USA

[www.regionecampaniapausa.org](http://www.regionecampaniapausa.org)