



Department of Veterans Affairs

PARTICIPANT REGISTRATION APPLICATION

NATIONAL VETERANS TEE TOURNAMENT
DEADLINE:

PRIVACY ACT: VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

NAME (Last, First, MI)	SOCIAL SECURITY NO. (Last 4 digits only)	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ADDRESS (Street, City, State, Zip Code, and County)	DAYTIME TELEPHONE NUMBER (Include area code)	EVENING TELEPHONE NUMBER (Include area code)
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NAME TAG PREFERENCE	E-MAIL ADDRESS	PRIMARY VA MEDICAL CENTER (City & State)
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PLEASE INDICATE YOUR T-SHIRT SIZE

☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL ☐ XXL ☐ XXXL ☐ OTHER _____

WHAT BRANCH OF SERVICE WERE YOU IN?

☐ AIR FORCE ☐ ARMY ☐ MARINE CORPS ☐ NAVY ☐ COAST GUARD ☐ OTHER _____

INDICATE ANY NEED FOR **SPECIAL TRAVEL ASSISTANCE** UPON ARRIVAL OR DEPARTURE. ALL PARTICIPANTS ARE ENCOURAGED TO BRING THEIR OWN ASSISTIVE EQUIPMENT (*shower benches, commode chairs, etc.*). **ALL PARTICIPANTS MUST BRING THEIR OWN MEDICATIONS.**

WILL YOU BE ACCOMPANIED BY A TRAINED/CERTIFIED ASSISTANCE DOG? ☐ YES ☐ NOWILL YOU REQUIRE A DOG SITTER? ☐ YES ☐ NO

PLEASE LIST ANY DIETARY RESTRICTIONS YOU HAVE

ARRIVAL DATE AND ESTIMATED ARRIVAL TIME

TRAVEL MODE (Select one)

☐ OWN VEHICLE ☐ AIR ☐ BUS ☐ VANPOOL

IF YOU ARE **NOT** PLANNING TO STAY AT THE EVENT HOTEL(S), INDICATED WHERE YOU WILL BE STAYING. (Include: Name, Street, City, State, Zip Code, and Phone Number)

THERE ARE A VARIETY OF ACTIVITIES IN WHICH YOU CAN PARTICIPATE. PLEASE RANK YOUR CHOICES BELOW. (1 - 5)

_____ GOLFING	_____ KAYAKING	_____ BOWLING
_____ HORSESHOES	_____ BAG TOSS	

IN ORDER TO HELP US ASSIGN YOU TO THE OPTIMAL GOLF GROUP AND PROVIDE ADEQUATE INSTRUCTION FOR YOUR GOLF NEEDS, PLEASE LET US KNOW THE FOLLOWING

DO YOU GOLF? ☐ RIGHT HANDED ☐ LEFT HANDEDHAVE YOU EVER GOLFED BEFORE? ☐ YES ☐ NO (If "No", skip the next two questions)ARE YOU BRINGING YOUR OWN GOLF CLUBS? ☐ YES ☐ NO

YOUR AVERAGE GOLF SCORE FOR NINE HOLES _____		HANDICAP _____	
IF YOU DO NOT PLAY AN ENTIRE ROUND ON EACH HOLE, DO YOU GENERALLY SHOOT		_____ PAR	_____ BOGEY
		_____ TRIPLE BOGEY	_____ DOUBLE BOGEY
ARE YOU BRINGING A GOLF BUDDY		<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", Name: _____)	
ALL GOLF BUDDIES MUST FILL OUT A VOLUNTEER FORM. A VOLUNTEER FORM IS ATTACHED TO THIS APPLICATIONS. IF ADDITIONAL FORMS ARE NEEDED CONTACT _____			
NAME OF GOLF BUDDY PREFERENCE, IF THERE IS A VOLUNTEER YOU PREFER _____			
ROOMMATE PREFERENCE <i>(Select one)</i> <input type="checkbox"/> PAID COMPANION <input type="checkbox"/> VETERAN PARTICIPANT <input type="checkbox"/> VOLUNTEER			NAME _____
ADDRESS <i>(Street, City, State, Zip Code, and County)</i> 		ROOM ARRANGEMENTS	
		DO YOU NEED AN ACCESSIBLE ROOM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		ARE SEPARATE BEDS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		ARE YOU A SMOKER ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY OTHER PERTINENT INFORMATION? _____ _____			
(A PAID COMPANION NEEDS TO FILL OUT A COMPANION REGISTRATION FORM.)			