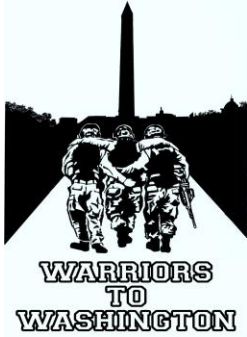


This Section to be Completed by Warriors to Washington ONLY

WW Reference Number and Date: _____/_____/_____/JPP1: No. _____



Warriors to Washington Application for 17-19 September 2021 Trip

Return to:
Warriors to Washington
5811 Southland Drive
Erie, PA 16509

Trip Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Current Employer: _____

Shirt Size (Please use the drop down to indicate size.): S M L XL XXL XXXL Guest: S M L XL XXL XXXL

Have you ever been Honorably Discharged? YES NO
 If yes, when? _____

Branch of Service: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Contact Information

Please list two Points of Contact.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Address: _____

Employment or College

Company/
College: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title?
Major: _____

Responsibilities: _____

From: _____ To: _____ May we contact your supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Vaccines (COVID-19)

Have you received the COVID-19 Vaccine? YES NO

We are asking everyone that participates with our yearly trip to Washington DC, have their COVID-19 vaccination completed. The version of the vaccine does not matter, only that you received the complete dose recommended and administered by a medical professional.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my consideration for Warriors to Washington trip to Washington DC, I understand that false or misleading information in my application or interview may result in my ineligibility for consideration.

Signature: _____ Date: _____

Employment Sponsorship

Company: _____ Phone: _____

Address: _____ Supervisor: _____

This Section to be Completed by Warriors to Washington ONLY

Employer Sponsor Number: _____ / _____ /JPP2: No. _____