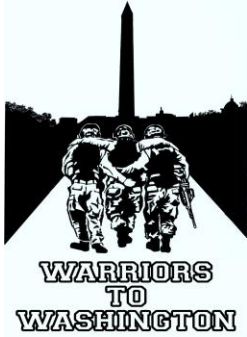


This Section to be Completed by Warriors to Washington ONLY

WW Reference Number and Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/JPP1: No. \_\_\_\_\_



# Warriors to Washington Application for 17-19 September 2022 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. \_\_\_\_\_