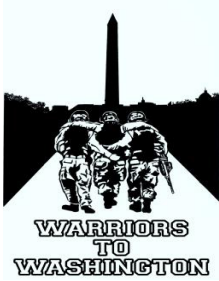


This Section to be Completed by Warriors to Washington ONLY

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



# Warriors to Washington Application for 15<sup>th</sup> - 17<sup>th</sup> September 2023 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: \_\_\_\_\_

### Veterans Guest Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First M.I.  
 Address: \_\_\_\_\_  
 Street Address Apartment/Unit #  
 City State ZIP Code  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Complimentary Shirt

Shirt Size: Veteran \_\_\_\_\_ Shirt Size: Guest \_\_\_\_\_

### Emergency Contact Information

Please list two Emergency Contacts.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Military Service

Branch of Service: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Rank at Discharge: \_\_\_\_\_ Were you Honorably Discharged? Yes No  
 Are you a Purple Heart recipient? Yes No

If other than Honorable Discharge, 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: \_\_\_\_\_