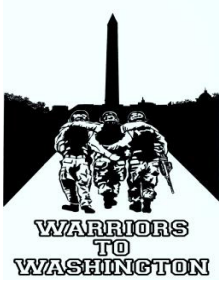


This Section to be Completed by Warriors to Washington ONLY

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



Warriors to Washington Application for 13th - 15th September 2024 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: _____