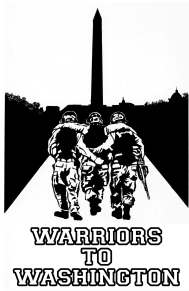


This section to be completed by Warriors to Washington ONLY

W2W Reference Number and Date: _____ / _____ / JPP1: No. _____

NY



Warriors to Washington

Application for

18th - 20th September 2026

Trip Application

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

Applicant Information

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

Address: _____
Street Address Apartment / Unit #

City _____ State _____ Zip _____

Phone: _____ Email: _____

Veterans Guest Info

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

Address: _____
Street Address Apartment / Unit #

City _____ State _____ Zip _____

Phone: _____ Email: _____

Veteran: _____ ☐ Male ☐ Female Guest: _____ ☐ Male ☐ Female

Emergency Contact Information

Please list two emergency contacts.

Full Name: _____	Full Name: _____
Address: _____	Address: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____

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: _____

Disclaimer and Signature

Warriors to Washington primarily serves post-9/11 U.S. military veterans. While all veterans are welcome to apply, priority consideration will be given to those who served after September 11, 2001.

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: _____