



# PARTICIPANT REGISTRATION APPLICATION

## NATIONAL VETERANS TEE TOURNAMENT DEADLINE:

**PRIVACY ACT:** VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

**RESPONDENT BURDEN:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

NAME <i>(Last, First, MI)</i>	SOCIAL SECURITY NO. <i>(Last 4 digits only)</i>	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ADDRESS <i>(Street, City, State, Zip Code, and County)</i>	DAYTIME TELEPHONE NUMBER <i>(Include area code)</i>	EVENING TELEPHONE NUMBER <i>(Include area code)</i>
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NAME TAG PREFERENCE	E-MAIL ADDRESS	PRIMARY VA MEDICAL CENTER <i>(City &amp; State)</i>
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PLEASE INDICATE YOUR T-SHIRT SIZE  
 SMALL  MEDIUM  LARGE  XL  XXL  XXXL  OTHER \_\_\_\_\_

WHAT BRANCH OF SERVICE WERE YOU IN?  
 AIR FORCE  ARMY  MARINE CORPS  NAVY  COAST GUARD  OTHER \_\_\_\_\_

INDICATE ANY NEED FOR **SPECIAL TRAVEL ASSISTANCE** UPON ARRIVAL OR DEPARTURE. ALL PARTICIPANTS ARE ENCOURAGED TO BRING THEIR OWN ASSISTIVE EQUIPMENT *(shower benches, commode chairs, etc.)*. **ALL PARTICIPANTS MUST BRING THEIR OWN MEDICATIONS.**

WILL YOU BE ACCOMPANIED BY A TRAINED/CERTIFIED ASSISTANCE DOG?  YES  NO  
 WILL YOU REQUIRE A DOG SITTER?  YES  NO

PLEASE LIST ANY DIETARY RESTRICTIONS YOU HAVE

ARRIVAL DATE AND ESTIMATED ARRIVAL TIME	TRAVEL MODE <i>(Select one)</i> <input type="checkbox"/> OWN VEHICLE <input type="checkbox"/> AIR <input type="checkbox"/> BUS <input type="checkbox"/> VANPOOL
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IF YOU ARE <b>NOT</b> PLANNING TO STAY AT THE EVENT HOTEL(S), INDICATED WHERE YOU WILL BE STAYING. <i>(Include: Name, Street, City, State, Zip Code, and Phone Number)</i>	THERE ARE A VARIETY OF ACTIVITIES IN WHICH YOU CAN PARTICIPATE. PLEASE RANK YOUR CHOICES BELOW. <i>(1 - 5)</i>  _____ GOLFING      _____ KAYAKING      _____ BOWLING _____ HORSESHOES      _____ BAG TOSS
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IN ORDER TO HELP US ASSIGN YOU TO THE OPTIMAL GOLF GROUP AND PROVIDE ADEQUATE INSTRUCTION FOR YOUR GOLF NEEDS, PLEASE LET US KNOW THE FOLLOWING

ARE YOU	<input type="checkbox"/> RIGHT-HANDED <input type="checkbox"/> LEFT-HANDED
HAVE YOU EVER GOLFED BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No", skip the next two questions)</i>
ARE YOU BRINGING YOUR OWN GOLF CLUBS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

YOUR AVERAGE GOLF SCORE FOR NINE HOLES _____	HANDICAP _____
IF YOU DO NOT PLAY AN ENTIRE ROUND ON EACH HOLE, DO YOU GENERALLY SHOOT	_____ PAR      _____ BOGEY      _____ DOUBLE BOGEY _____ TRIPLE BOGEY      _____ HIGHER
ARE YOU BRINGING A GOLF BUDDY	<input type="checkbox"/> YES <input type="checkbox"/> NO    (If "Yes", Name: _____)
ALL GOLF BUDDIES MUST FILL OUT A VOLUNTEER FORM. A VOLUNTEER FORM IS ATTACHED TO THIS APPLICATIONS. IF ADDITIONAL FORMS ARE NEEDED CONTACT _____	
NAME OF GOLF BUDDY PREFERENCE, IF THERE IS A VOLUNTEER YOU PREFER _____	
ROOMMATE PREFERENCE <i>(Select one)</i>	NAME
<input type="checkbox"/> PAID COMPANION <input type="checkbox"/> VETERAN PARTICIPANT <input type="checkbox"/> VOLUNTEER	
ADDRESS <i>(Street, City, State, Zip Code, and County)</i>	ROOM ARRANGEMENTS
	IS A <b>MAIN FLOOR ROOM</b> REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE <b>SEPARATE BEDS</b> REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE YOU A <b>SMOKER</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO
ANY OTHER PERTINENT INFORMATION? _____ _____	
<i>(A PAID COMPANION NEEDS TO FILL OUT A COMPANION REGISTRATION FORM.)</i>	