

8. HOW MANY PAST YEARS HAVE YOU PARTICIPATED IN THE NATIONAL VETERANS TEE TOURNAMENT?

9. DO YOU WANT US TO PREPARE A NEWS RELEASE ABOUT YOUR PARTICIPATION IN THIS EVENT?
 YES NO

10. IF YOU MARKED "YES" TO A NEWS RELEASE IN QUESTION 9, PLEASE PROVIDE THE FOLLOWING INFORMATION.
REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION: I
 REQUEST AND AUTHORIZE THE DEPARTMENT OF VETERANS AFFAIRS TO RELEASE THE MEDICAL INFORMATION CONTAINED ON THIS FORM FOR VA MEDIA PURPOSES. *(If you checked this block, please check one of the boxes below.)*
 I GIVE MY PERMISSION FOR MY PHONE NUMBER TO BE INCLUDED IN MY NEWS RELEASE POSTED ON THE EVENTS' WEBSITE
 I DO NOT WANT MY PHONE NUMBER LISTED ON MY NEWS RELEASE

11. PLEASE NOTE: WHETHER OR NOT YOU WANT A NEWS RELEASE, TOURNAMENT RESULTS WILL BE POSTED ON THE TOURNAMENT WEBSITE BY PARTICIPANT NAME UNLESS YOU CHECK THE "NO" BOX HERE.
 NO *(Results will not be posted; sign below)*

12. YOUR QUOTE FOR THE NEW RELEASE: ***(This is mandatory)*** *(All we need are a few thoughts from you telling us such things as how you feel about the Tournament, what sports has done for your life, how many times you've attended, what you have looked forward to the most, your past experience in golf or other sports, what you hope to achieve, favorite sports, etc. Just give us a few ideas, and we'll take it from there.)*

SIGNATURE *(You must sign here so we can comply with your wishes)*

DATE SIGNED