OMB Number: Respondent Burden: 20 minutes

Department of Veterans Affairs		D NEWS RELEASE STIONNAIRE
NATIONAL VETERANS TEE TOURNAMENT		
<b>PRIVACY ACT:</b> VA is asking you to provide the Section 1710. VA may disclose the information that yof the information as outlined in the Privacy Act syste Providing the requested information is voluntary.	ou put on this form as permitted	by law. VA may make a "routine use" disclosure
<b>RESPONDENT BURDEN:</b> The Paperwork Reduct accordance with the clearance requirements of Section and you are not required to respond to, a collection of expended by all individuals who must complete this instructions, gather the necessary facts and fill out the	3507 of the Paperwork Reducti information unless it displays a application will average 20 min	on Act of 1995. We may not conduct or sponsor, valid OMB number. We anticipate that the time
All athletes must complete questions 1-11, whether or the Tournament's website about your participation this promotes publicity about the event by posting an individuring the week of the event. The releases may be four release, we must have all needed information in advance questions, please call VA Public Affairs at (734) 845-3	year, you must fill out this form idual news release for every Vet and on the Tournament's website, e.e. We cannot gather this inform	completely. Our Hometown News program eran who wants one on the Tournament's website www.tee.va.gov. In order to prepare your news
NAME (Last, First, MI)	DATE OF BIRTH	TELEPHONE NUMBER (Include area code)
E-MAIL ADDRESS	I .	CELL PHONE NUMBER (Include area code)
1. PLEASE CONFIRM YOUR BRANCH OF SER AIR FORCE ARMY COAST GUARD OTHER (Please specify)  2. IF YOU ARE A PEACETIME VETERAN, WHE	MARINE CORPS NA	
3. DID YOU SERVE IN COMBAT IN ANY OF TH  WWII KOREA VIETNAM THE  OTHER (Please specify)	IE FOLLOWING CONFLICTS	
4. WERE YOU EVER HELD AS A POW? (If yes,	where) TYES NO	<del></del>
5. ARE YOU A VIETNAM ERA (NONCOMBAT)	VETERAN? ☐ YES ☐ NO	
6. OF WHICH VETERANS SERVICE ORGANIZATION AMPLICAN LEGION AMVETS MC		ER? BVA PVA DAV VFW
7. WHAT IS YOUR PRIMARY DISABILITY/DIAG VISUAL IMPAIRMENT LEGALLY BLINI	0	
SPINAL CORD INJURY (SCI) - LEVEL	COMPLETE INCO	OMPLETE
☐ PARAPLEGIC ☐ QUADRIPLEGIC ☐ MULTIPLE SCLEROSIS (MS) ☐ HEAD INJURY ☐ CVA WITH RESIDUAL		
☐ AMPUTEE ☐ RIGHT LEG ☐ AK OR ☐ BI☐ LEFT LEG ☐ AK OR ☐ BI☐ OTHER		

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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 AND AUTHORIZE THE DEPARTMENT OF INFORMATION CONTAINED ON THIS FORM FOR V one of the boxes below.)	FRITO BE INCLUDED IN MY NEWS BELEASE DOSTED		
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)			
things as how you feel about the Tournament, what sports has do	andatory) (All we need are a few thoughts from you telling us such one for your life, how many times you've attended, what you have sports, what you hope to achieve, favorite sports, etc. Just give us a		
SIGNATURE (You must sign here so we can comply with you wishes)	DATE SIGNED		