



PARTICIPANT REGISTRATION APPLICATION

NATIONAL VETERANS CREATIVE ARTS FESTIVAL 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>		NICKNAME	SOCIAL SECURITY NO. <i>(Last 4 digits only)</i>	DATE OF BIRTH
ADDRESS <i>(Street, City, State, Zip Code)</i>		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE NUMBER 1 <i>(Include area code)</i>	TELEPHONE NUMBER 2 <i>(Include area code)</i>
E-MAIL ADDRESS		FESTIVAL ROLE <i>(If you are a non-veteran partner selected to perform in an act with a veteran in the stage show, please fill out a Family/Friends Registration Form)</i> <input type="checkbox"/> VETERAN STAGE SHOW PARTICIPANT <i>(Individual Act and Chorus Member performers)</i> <input type="checkbox"/> VETERAN VISUAL ARTS PARTICIPANT <i>(Artists)</i>		
NAME OF VA STAFF CONTACT PERSON RESPONSIBLE FOR YOUR CREATIVE ARTS ACTIVITIES		STAFF CONTACT TELEPHONE NUMBER <i>(Include area code)</i>	VA FACILITY NAME AND ADDRESS <i>(Street, City, State, Zip Code)</i>	
IS THIS YOUR FIRST TIME ATTENDING THE FESTIVAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT IS YOUR VA STATUS? <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT	SERVICE CONNECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHAT MEDICAL EQUIPMENT WILL YOU BRING? <input type="checkbox"/> OXYGEN <input type="checkbox"/> NEBULIZER <input type="checkbox"/> CPAP <input type="checkbox"/> WALKER <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ELECTRIC SCOOTER <input type="checkbox"/> OTHER MEDICAL EQUIPMENT _____				
WHAT BRANCH OF SERVICE WERE YOU IN?	WHICH YEARS? TO	SHIRT SIZE <i>(Select one)</i> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/> 5X TALL SIZES <input type="checkbox"/> LT <input type="checkbox"/> XLT <input type="checkbox"/> 2XT		
DO YOU HAVE ANY SPECIFIC DIETARY NEEDS? <i>(Check all that apply)</i> <input type="checkbox"/> DIABETIC <input type="checkbox"/> REGULAR DIET <input type="checkbox"/> LACTOSE FREE <input type="checkbox"/> CARDIAC <input type="checkbox"/> SOFT <input type="checkbox"/> VEGETARIAN <input type="checkbox"/> OTHER		WHEN PLATED <i>(Not buffet)</i> MEALS ARE SERVED, MY PREFERENCE IS <input type="checkbox"/> VEGETARIAN <input type="checkbox"/> MEAT		
IN CASE OF EMERGENCY, NOTIFY <i>(This must be filled out completely)</i> NAME		ADDRESS <i>(Street, City, State and Zip Code)</i>		
TELEPHONE NUMBER	RELATIONSHIP TO PARTICIPANT			

LODGING IS FREE FOR VETERANS INVITED TO PARTICIPATE AT THE NATIONAL VETERANS CREATIVE ARTS FESTIVAL, BUT EACH PARTICIPANT WILL BE ASSIGNED A ROOMMATE.

- I HAVE A ROOMMATE PREFERENCE (*Indicate name of roommate*) _____
- PLEASE ASSIGN ME A ROOMMATE (*Roommates will be carefully selected*) _____

IF YOU WOULD LIKE YOUR OWN ROOM, YOU WILL BE RESPONSIBLE FOR PAYING HALF OF THE ROOM COST OF A SINGLE OCCUPANCY ROOM, WHICH IS _____ PER NIGHT.

- I WOULD LIKE TO HAVE MY OWN ROOM AND PAY _____ PER NIGHT.

IF YOU WILL BE SHARING A ROOM WITH A GUEST, YOU WILL BE RESPONSIBLE FOR PAYING HALF OF THE ROOM COST ON ANY NIGHTS THE GUEST IS NOT STAYING WITH YOU, _____ (single rate). YOUR GUEST WILL BE RESPONSIBLE FOR PAYING (the rate for one additional guest) ON THE NIGHTS THEY STAY WITH YOU.

- I WOULD LIKE A ROOM TO SHARE WITH MY GUEST, I WILL PAY _____ PER NIGHT ON ANY NIGHTS I DON'T HAVE A PAYING GUEST. MY GUEST WILL STAY WITH ME THE FOLLOWING NIGHTS AND WILL PAY HALF OF THE ROOM COST (_____ *double rate*).

_____ _____ _____ _____ _____ _____ _____

ROOM REQUIREMENTS

- I WILL NEED A HANDICAPPED ACCESSIBLE ROOM
- OTHER ROOM NEEDS _____

IMPORTANT - PAYMENT FOR ROOMS MUST ACCOMPANY THIS FORM. PAYMENT MUST BE MADE BY _____ IN THE FORM OF A CHECK OR MONEY ORDER PAYABLE TO THE DEPARTMENT OF VETERANS AFFAIRS, _____

I UNDERSTAND THAT I MUST PRESENT A CREDIT CARD UPON CHECK-IN TO PAY FOR INCIDENTALS (room service, in-room movies, telephone calls, internet service) THAT I MIGHT INCUR DURING THE WEEK. I ALSO UNDERSTAND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF ANY FINE(S) INCURRED.

SUBMIT COMPLETED PARTICIPANT REGISTRATION FORM NO LATER THAN _____ TO:



TRAVEL INFORMATION

NATIONAL VETERANS CREATIVE ARTS FESTIVAL
EVENT DEADLINE:

*Note to Festival participants, staff and others: VA staff will be providing complimentary ground transportation from and to the Airport on both the main arrival and departure days.

PARTICIPANT NAME <i>(Last, First, MI)</i>	TELEPHONE NUMBER 1 <i>(Include area code)</i>	TELEPHONE NUMBER 2 <i>(Include area code)</i>
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VA FACILITY NAME	VA FACILITY ADDRESS <i>(Street, City, State and Zip Code)</i>
VA FACILITY TELEPHONE NUMBER <i>(Include area code)</i>	

MODE OF TRANSPORTATION <input type="checkbox"/> AIR <input type="checkbox"/> CAR <input type="checkbox"/> BUS <input type="checkbox"/> TRAIN	I NEED ASSISTANCE GETTING ON AND OFF THE AIRCRAFT <input type="checkbox"/> YES <input type="checkbox"/> NO BECAUSE I: <input type="checkbox"/> AM VISUALLY IMPAIRED <input type="checkbox"/> USE A WHEELCHAIR <input type="checkbox"/> OTHER _____
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ARRIVAL INFORMATION

DATE OF ARRIVAL	TIME	NUMBER OF PEOPLE TRAVELING TOGETHER
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IS A STAFF PERSON ACCOMPANYING PARTICIPANT YES NO _____
(If Yes, name of staff person)

NAME OF AIRPORT, BUS OR TRAIN STATION AND CITY AND STATE ARRIVING INTO _____ FROM _____

FLIGHT/BUS/TRAIN NUMBER	AIRLINE
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DEPARTURE INFORMATION

DEPARTING VIA
 _____ CAR BUS TRAIN

DATE OF DEPARTURE	TIME	FLIGHT/BUS/TRAIN NUMBER	AIRLINE
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SUBMIT COMPLETED FORM NO LATER THAN TO:

**LINDA ZAIONTZ, HOST SITE COORDINATOR (11K)
 NATIONAL VETERANS CREATIVE ARTS FESTIVAL
 SOUTH TEXAS VETERANS HEALTH CARE SYSTEM
 7400 MERTON MINTER BLVD
 SAN ANTONIO, TX 78229
 PHONE: (210) 617-5125
 FAX: (210) 617-5276**