



Department of Veterans Affairs

**NATIONAL DISABLED VETERANS
WINTER SPORTS CLINIC**

REGISTRATION CHECK LIST

You must completely and correctly fill out the enclosed packet, or your application **will not** be processed!
Registration deadline is _____. A \$50 late fee will be charged to any application received
after _____ through _____.

Applications postmarked after _____ will not be accepted!

Please do not fold or staple application.

YOU MUST INCLUDE THE FOLLOWING FORMS FILLED OUT COMPLETELY. DO NOT SEND APPLICATION WITHOUT ALL OF THE FOLLOWING:

- REGISTRATION APPLICATION (*Filled out by participant*) (VA Form 0925SF)
- GENERAL MEDICAL/PHYSICAL EXAM FORM (*Must be filled out completely and signed by examining clinician*) (*Make sure problem list, EKG for age 40 and over, and current medications list is included in addition to the two medical pages*) (VA Form 0924d)
- GENERAL SKI INFORMATION (*Filled out by participant as accurately as possible*) (VA Form 0924c)
- CONSENT FOR USE OF PICTURE (VA Form 10-3203)

Please allow **four weeks** for your application to be processed. When accepted, you will receive information regarding hotel and flight reservations and ground transportation.

To avoid confusion and possible loss of funds, please **do not** make any travel or lodging reservations until you have received the letter notifying you that your application has been accepted.

All applications and forms must be mailed to:

**Teresa Parks
National Disabled Veterans Winter Sports Clinic
VAMC (WSC)
2121 North Avenue
Grand Junction, CO 81501**