OMB Number: 2900-0759 Expiration Date: Xxx, 20XX Respondent Burden: 13 minutes

Department of Veterans Affairs

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PLEASE ENSURE THE ENCLOSED PACKET IS COMPLETELY AND CORRECTLY

FILLED OUT OR YOUR APPLICATION CANNOT BE PROCESSED.
NAME (First, MI, Last)
PLEASE INCLUDE THE FOLLOWING FORMS:
REGISTRATION APPLICATION (Filled out by participant) (VA Form 0925SF)
PARTICIPANT PHYSICAL EXAM (Filled out and signed by a medical examiner) (Form 0927c)
CONSENT FOR USE OF PICTURE (VA Form 10-3203)
PARTICIPANT/COMPANION/VOLUNTEER REGISTRATION (Form 0927e)
CHECK OR MONEY ORDER - DO NOT SEND CASH
PLEASE MAIL COMPLETED REGISTRATION FORMS, INCLUDING YOUR CHECK OR MONEY ORDER TO:
QUESTIONS, PLEASE CALL:
YOU WILL RECEIVE A CONFIRMATION LETTER ONCE YOUR APPLICATION HAS BEEN ACCEPTED.