



PARTICIPANT REGISTRATION FORM

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 35 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	CELL PHONE NUMBER <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>(Solo/group 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 _____				
USE OF A WHEELCHAIR FOR LONG DISTANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	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	
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 <input type="checkbox"/> SUGAR FREE DESSERT			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 TO THE HOTEL, WHICH IS PER NIGHT.

- I WOULD LIKE TO HAVE MY OWN ROOM AND PAY _____ PER NIGHT AND KNOW THAT I WILL BE RESPONSIBLE FOR PAYING HALF OF THE ROOM COST TO THE HOTEL TO HAVE MY OWN ROOM.

IF YOU WILL BE SHARING A ROOM WITH A GUEST, YOU/YOUR GUEST WILL BE RESPONSIBLE FOR PAYING HALF OF THE ROOM COST TO THE HOTEL ON ANY NIGHTS THE GUEST IS NOT STAYING WITH YOU, _____

- I WOULD LIKE A ROOM TO SHARE WITH MY GUEST, I WILL PAY _____ PER NIGHT TO THE HOTEL 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 (_____).

NOTE: Performers will arrive on Monday, 10/21 and artists will arrive on Wednesday, 10/23. Everyone will depart on Monday, 10/28.

PLEASE CHECK THE NIGHTS YOU ARE PLANNING TO STAY.

_____ _____ _____ _____ _____ _____ _____

ROOM TYPE (*Check one*)

- ONE KING BED TWO QUEEN BEDS

ROOM REQUIREMENTS

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

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.

THE GRAND SIERRA HOTEL WILL CHARGE A \$200 FINE FOR SMOKING IN A NON-SMOKING SLEEPING ROOM.

THE GRAND SIERRA HOTEL HAS AN EARLY CHECK-OUT FEE OF \$50, EXCEPT IN THE CASE OF ILLNESS OR AN EMERGENCY SITUATION.

SUBMIT COMPLETED PARTICIPANT REGISTRATION FORM NO LATER THAN _____ TO:

Stephanie Torian
Host Site Coordinator (05/Vol)
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Reno, NV 89502
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