



PARTICIPANT REGISTRATION APPLICATION

NATIONAL VETERANS TEE TOURNAMENT 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 (Last, First, MI)	SOCIAL SECURITY NO. (Last 4 digits only)	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ADDRESS (Street, City, State, Zip Code, and County)	DAYTIME TELEPHONE NUMBER (Include area code)	EVENING TELEPHONE NUMBER (Include area code)
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NAME TAG PREFERENCE	E-MAIL ADDRESS	PRIMARY VA MEDICAL CENTER (City & State)
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PLEASE INDICATE YOUR T-SHIRT SIZE
 SMALL MEDIUM LARGE XL XXL XXXL OTHER _____

WHAT BRANCH OF SERVICE WERE YOU IN?
 AIR FORCE ARMY MARINE CORPS NAVY COAST GUARD OTHER _____

WILL YOU BE ACCOMPANIED BY A TRAINED/CERTIFIED ASSISTANCE DOG? YES NO
 WILL YOU REQUIRE A DOG SITTER? YES NO

INDICATE ANY NEED FOR **SPECIAL TRAVEL ASSISTANCE** UPON ARRIVAL OR DEPARTURE. ALL PARTICIPANTS ARE ENCOURAGED TO BRING THEIR OWN ASSISTIVE EQUIPMENT. **ALL PARTICIPANTS MUST BRING THEIR OWN MEDICATIONS.**

ARRIVAL DATE AND ESTIMATED ARRIVAL TIME	TRAVEL MODE (Select one) <input type="checkbox"/> OWN VEHICLE <input type="checkbox"/> AIR <input type="checkbox"/> BUS <input type="checkbox"/> VANPOOL
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IF YOU ARE **NOT** PLANNING TO STAY AT THE EVENT HOTEL(S), INDICATED WHERE YOU WILL BE STAYING. (Include: Name, Street, City, State, Zip Code, and Phone Number)

IN ORDER TO HELP US ASSIGN YOU TO THE OPTIMAL GOLF GROUP AND PROVIDE ADEQUATE INSTRUCTION FOR YOUR GOLF NEEDS, PLEASE LET US KNOW THE FOLLOWING

DO YOU GOLF? RIGHT HANDED LEFT HANDED

HAVE YOU EVER GOLFED BEFORE? YES NO (If "No", skip the next two questions)

ARE YOU BRINGING YOUR OWN GOLF CLUBS? YES NO

DO YOU NEED A SPECIALIZED GOLF CART TO PLAY? YES NO
 IF "YES" SINGLE RIDER PARA RIDER

YOUR AVERAGE GOLF SCORE FOR NINE HOLES _____ HANDICAP _____

IF YOU DO NOT PLAY AN ENTIRE ROUND ON EACH HOLE, DO YOU GENERALLY SHOOT
 PAR BOGEY DOUBLE BOGEY TRIPLE BOGEY HIGHER

ARE YOU BRINGING A GOLF BUDDY YES NO (If "Yes", Name: _____)

All golf buddies must fill out a volunteer form. A volunteer form is attached to this application. If additional forms are needed contact Sarah Steen, Volunteer Coordinator, at 319-338-0581, ext. 3607; or e-mail to: .

NAME OF GOLF BUDDY PREFERENCE, IF THERE IS A VOLUNTEER YOU PREFER

WEDNESDAY ACTIVITIES INCLUDE GOLF INSTRUCTION FOR 1/2 OF THE DAY AND THE OTHER 1/2 OF THE DAY YOU WILL HAVE A CHOICE OF THE FOLLOWING ACTIVITIES (Rank them 1 - 4)
 _____ GOLFING _____ KAYAKING _____ BOWLING _____ HORSEBACK RIDING

ROOMMATE PREFERENCE (Select one)	NAME	RELATIONSHIP
<input type="checkbox"/> PAID COMPANION <input type="checkbox"/> FAMILY VOLUNTEER		
<input type="checkbox"/> VETERAN PARTICIPANT		

ROOM ARRANGEMENTS
 IS A (HANDICAP) ACCESSIBLE ROOM MEDICALLY REQUIRED? (If yes, why?) YES NO

ARE **SEPARATE BEDS** REQUIRED? YES NO

ARE YOU A **SMOKER**? YES NO

PLEASE LIST ANY DIETARY RESTRICTIONS YOU HAVE

ANY OTHER PERTINENT INFORMATION?

Early arrival or late departure room rates will be at the participants or volunteers own expense. Please let us know if you intend to come early or depart late and require additional room nights. List here the nights or call Lori Montag at 319-358-5962.

(A PAID COMPANION NEEDS TO FILL OUT A COMPANION REGISTRATION FORM.)