OMB Number: 2900-0759
Respondent Burden: 20 minutes

Department of Veterans Affairs

MEDIA AND NEWS RELEASE QUESTIONNAIRE

NATIONAL VETERANS TEE TOURNAMENT

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.

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.

All athletes must complete questions 1-11, whether or not you wish to have a news release. If you would like a news release posted on the Tournament's website about your participation this year, you must fill out this form completely. Our Hometown News program promotes publicity about the event by posting an individual news release for every Veteran who wants one on the Tournament's website during the week of the event. The releases may be found on the Tournament's website, www.tee.va.gov. In order to prepare your news release, we must have all needed information in advance. We cannot gather this information during the Tournament. If you have any questions, please call VA Public Affairs at (757) 660-5239.

NAME *(Last, First, MI)*	DATE OF BIRTH	TELEPHONE NUMBER *(Include area code)*
E-MAIL ADDRESS		CELL PHONE NUMBER *(Include area code)*

1. PLEASE CONFIRM YOUR BRANCH OF SERVICE
   ☐ AIR FORCE ☐ ARMY ☐ COAST GUARD ☐ MARINE CORPS ☐ NAVY ☐ NATIONAL GUARD
   ☐ OTHER *(Please specify)* _____

2. IF YOU ARE A PEACETIME VETERAN, WHERE AND WHEN DID YOU SERVE? _____

3. DID YOU SERVE IN COMBAT IN ANY OF THE FOLLOWING CONFLICTS?
   ☐ WWII ☐ KOREA ☐ VIETNAM ☐ THE GULF WAR ☐ IRAQ ☐ AFGHANISTAN
   ☐ OTHER *(Please specify)* _____

4. WERE YOU EVER HELD AS A POW? *(If yes, where)* ☐ YES ☐ NO _____

5. ARE YOU A VIETNAM ERA (NONCOMBAT) VETERAN? ☐ YES ☐ NO

6. OF WHICH VETERANS SERVICE ORGANIZATIONS ARE YOU A MEMBER? ☐ BVA ☐ PVA ☐ DAV ☐ VFW
   ☐ AMERICAN LEGION ☐ AMVETS ☐ MOPH ☐ OTHER _____

7. WHAT IS YOUR PRIMARY DISABILITY/DIAGNOSIS?
   ☐ VISUAL IMPAIRMENT ☐ LEGALLY BLIND
   ☐ TOTALLY BLIND
   ☐ SPINAL CORD INJURY (SCI) - LEVEL _____ ☐ COMPLETE ☐ INCOMPLETE
   ☐ PARAPLEGIC
   ☐ QUADRIPLEGIC
   ☐ MULTIPLE SCLEROSIS (MS)
   ☐ HEAD INJURY
   ☐ CVA WITH RESIDUAL
   ☐ AMPUTEE ☐ RIGHT LEG ☐ AK OR ☐ BK ☐ RIGHT ARM ☐ AE OR ☐ BE
   ☐ LEFT LEG ☐ AK OR ☐ BK ☐ LEFT ARM ☐ AE OR ☐ BE
   ☐ OTHER _____

8. HOW MANY PAST YEARS HAVE YOU PARTICIPATED IN THE NATIONAL VETERANS TEE TOURNAMENT? _____	9. DO YOU WANT US TO PREPARE A NEWS RELEASE ABOUT YOUR PARTICIPATION IN THIS EVENT? ☐ YES ☐ NO

10. IF YOU MARKED "YES" TO A NEWS RELEASE IN QUESTION 9, PLEASE PROVIDE THE FOLLOWING INFORMATION.

☐ **REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION:** I REQUEST AND AUTHORIZE THE DEPARTMENT OF VETERANS AFFAIRS TO RELEASE THE MEDICAL INFORMATION CONTAINED ON THIS FORM FOR VA MEDIA PURPOSES. *(If you checked this block, please check one of the boxes below.)*

☐ I GIVE MY PERMISSION FOR MY PHONE NUMBER TO BE INCLUDED IN MY NEWS RELEASE POSTED ON THE EVENTS' WEBSITE

☐ I DO NOT WANT MY PHONE NUMBER LISTED ON MY NEWS RELEASE

11. PLEASE NOTE: WHETHER OR NOT YOU WANT A NEWS RELEASE, TOURNAMENT RESULTS WILL BE POSTED ON THE TOURNAMENT WEBSITE BY PARTICIPANT NAME UNLESS YOU CHECK THE "NO" BOX HERE.

☐ NO *(Results will not be posted; sign below)*

12. YOUR QUOTE: HOW DO YOU FEEL ABOUT THIS EVENT, WHY IS IT BENEFICIAL, AND WHAT WOULD YOU TELL OTHER VETERANS ABOUT IT? *(Quotes are used for newsletter stories, participant profiles, speeches, and other public relations activities.)*

_____ SIGNATURE *(You must sign here so we can comply with your wishes)*

_____ DATE SIGNED