



World War II and Veterans Memorial Trip Application

Name: _____ Date: _____

Address: _____

Phone#: _____ Alt. #: _____ Date of Birth: _____

Traveling Companion (can be anyone) _____ Relationship: _____

Companions Phone #: _____ (Companion does not have to be a relative)

War/Conflict, branch of service, and approximate dates of service:

War	Branch	Location of Service	Approximate Dates
WWII	_____	_____	_____
Korean Conflict	_____	_____	_____
Vietnam Conflict	_____	_____	_____
Other Service	_____	_____	_____

(Merchant Marines, Cuba, Somalia, Panama, Grenada, Desert Storm, Iraqi Freedom, Afghanistan)

Place of Birth and School Attended: _____

Age when entered service: _____ Duty in service: _____

Most significant service memory: (continue on back) _____

Career after service: _____

Spouse's name: _____ # of years married: _____ # of children: _____ Grandchildren: _____

Church/Civic/Community involvement: _____

Emergency contact names & numbers: _____

Do you use a wheelchair or scooter: _____

This application does not guarantee selection for the next trip and if you are not do you wish to remain on the list for future trips _____, or called for last minute replacement slot _____?

Mail Applications to: Vets to Washington Project
3709 Fairington Drive
Hephzibah, GA 30815

Telephone: Doug Hastings
706-832-6483
706-793-9929

Application will be reviewed and if selected, you will be notified 30 days prior to trip.