

## **Fishing With Warriors, Inc.**

## Al Lizotte

President & Founder Section 501 © (3) EIN 30-0892881 <u>VETERAN'S</u> <u>FORM</u>

Please Fill out the following application for the 2019 Fishing With Warriors trip to \_\_\_\_\_\_Venice, LA\_\_\_\_

\_\_\_\_\_\_ in <u>October 14-15-16-17-18, 2018</u> for some of the best game fishing in the world. Please fill out the following, as soon as possible, so that we will know that you will be able to attend the trip.

All of the veterans will be flying from their local airports and returning to same. You are responsible for getting yourself to and from your local airport or airport provided by FWW. We will handle everything else including connecting flights.

| Name:   |  |                          |                      |                               |
|---|--|--------------------------|----------------------|-------------------------------|
| Home Address:   |  | , St:, Zip               | ):                   |                               |
| Phone:  |  |                          |                      |                               |
| eMail:  |  |                          |                      |                               |
| Passport#<br>(Provide a copy of the first page of your  | Issue Date:<br><sup>•</sup> Passport, it must be v | //valid 6 months past da | te of entry into vis | iting country.)               |
| Military status and Branch: (Copy of DI   | )214):   |                          |                      | -                             |
| Disabilities:   |  |                          |                      |                               |
| Do you have any issues with deep sea c  | ffshore fishing?                                   |                          |                      | -                             |
| Special foods needed:   |  |                          |                      | -                             |
| Please explain how you might benefit fi   | om this program ad w                               | what are you hoping to   | gain from this exp   | erience?                      |
|   |  |                          |                      |                               |
| As already mentioned, program revolve fished, how often).   | es around fishing as a t                           | therapeutic tool. Pleas  | se describe your fis | hing experience (if you ever  |
|   |  |                          |                      |                               |
| The program will also include and pract<br>movement, guided rest, and gratitude t<br>mind-body skills and if you think they w<br>the size of the group. | o enhance recovery a                               | nd build resilience. Ple | ease explain you e>  | perience using these or other |
| Emergency Contact:  |  |                          |                      |                               |
| Name:   | eMail:   |                          |                      | _                             |
| Phone #:  |  |                          |                      |                               |
| Fishing With Warri  | ors, Inc. 🔶  | P.O. Box 621             | ♦ West               | borough, MA 01581             |

www.FishingWithWarriors.us



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There is no cost for the veterans. Once you are enrolled, you just need to get to the designated airport. FFW will provide all ground and air transportation from and back to the designated airport. We provide Fishing Lodge room and board; laundry & housekeeping at the lodge; boat captain; fishing gear; cooler on boat with fruit, water, soda, snacks. Go to Outfitter, for all that information. I understand that although alcoholic beverages will be available for purchase on the trip during meals, drinking if done at all, is expected to be in moderation. This tri p is a healing trip.

Yes:\_\_\_\_\_ No: \_\_\_\_\_

I understand that all activities will be conducted for all attendees. Veterans are not to venture off in small groups at night to other venues.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I am presently taking pain medication or opiates for: \_\_\_\_\_

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I give my permission to include the following information about me in an email to be sent to those attending the trip (please fill in)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Branch of Military in which you serve/served: \_\_\_\_\_\_

Town/City & State where you now reside: \_\_\_\_\_

I understand that I will be rooming with another veteran:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

I give Fishing With Warriors (FWW) permission to use my picture in their promotions

Yes: (With my name) \_\_\_\_\_ Yes:(Without my name) \_\_\_\_\_ No: \_\_\_\_\_

My shirt size: Small\_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

This trip solely for veterans and none of their family members are permitted to join them At their expense family members may join if they are veterans themselves and all agree depending on availability of rooms. Otherwise veterans will room with another veteran. One of the goals of the trip is to build camaraderie.

X# veterans will be chosen for this trip. If there are more deserving candidates, they will be chosen by lottery. Those not chosen will be put into the pool for the next year's trip.

Thank You for taking the time in completing this application! Go to Silver King Lodge in Costa Rica for lodge & Fishing Info.

| Printed Na | me:                         |   |              |     |                       |
|------------|-----------------------------|---|--------------|-----|-----------------------|
| Signature: |                             |   | Date:        |     |                       |
|            | Fishing With Warriors, Inc. | ٠ | P.O. Box 621 | 1 ♦ | Westborough, MA 01581 |

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