

OIF/OEF PVA PROGRAM GRANT

Contact Form for Returning Soldiers with SCI

Request for Travel Stipend to attend PVA Sports & Recreation Programs

Name:		D.O.B.:
Mailing Address:		
City:	State:	Zip Code:
Home Phone:		Cell Phone:
E-mail:		
Branch of Service:		
Injury Level:		
<i>Please indicate if you are a</i>	Paraplegic:	Quadriplegic:
Date of Injury:		
Date of Service during Iraq/Afghanistan conflict:	From:	To:
Have you previously participated in the PVA's Sports and Recreation Program?	Yes:	No:
Sports Program of Interest- If you are interested in more than one program, please check all that apply:		
<input type="checkbox"/>	National Veterans Wheelchair Games (July 4-9, 2010, Denver, CO)	
<input type="checkbox"/>	PVA National Trapshoot Circuit: List specific trapshoot tournament: (Please visit our website www.pva.org for the trapshoot tournament schedule.)	
<input type="checkbox"/>	PVA Bass Tour List specific bass tournament: (Please visit our website www.pva.org for the bass tournament schedule.)	
Date Submitted:		

Please return this form to Mary Hobbs via e-mail or fax
Maryh@pva.org or fax 202-416-7639

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