



Fishing With Warriors, Inc.

Al Lizotte

President & Founder

Section 501 © (3) EIN 30-0892881

**AMBASSADOR'S
FORM**

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 trip 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: _____

I understand that I will be rooming with another veteran or ambassador:

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 _____

X# of 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.

This trip is solely for veterans; one of the goals of the trip is to build camaraderie.

Thank You for taking the time in completing this application! For more information go to: **Rivers end Outfitters**

<http://www.riversendoutfitters.com/>

Printed Name: _____

Signature: _____ Date: _____

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www.FishingWithWarriors.us