# Fishing With Warriors, Inc.



## **Al Lizotte**

#### President & Founder Section 501 © (3) EIN 30-0892881

VETERAN'S FORM

Please Type This Form, Submit With DD214 and Copy of 1st Page of Your Passport

Congratulations! You are a candidate to attend t Sept. 8/9/10/11/ return home Sept. 12 2025 _ soon as possible, so that we will know that you we have the sept. 12 2025 _ soon as possible.	for some of the b	est game fishing		
All of the veterans will be flying from their local a Boston MA or Atlanta GA airports or airport prov	-		· ·	
Name:	<del></del> .			
Home Address:	City		, St:	, Zip:
Phone #:				
eMail: Please List Sponsors/References (At Lea	st One) on last pag	ge.		
Passport#	_Expiration Date:		_ DOB:/_	
(Provide a Color copy of the first page of your Pa Military status and Branch: (Copy of DD214):	=	•	•	o visiting country.)
Disabilities:				
Do you have any issues with deep sea offshore fi	shing?			
Special foods needed:				
Please explain how you might benefit from this p	-		-	
As already mentioned, program revolves around fished, how often).				
Mandatory Attendance:	ndful rasilianca, a vaga	hasad approac	th that used brea	thing moditation mindful
The program will also include and practice in mi movement, guided rest, and gratitude to enhance group mindful resilience session in the afternoor	e recovery and build r			_
Emergency Contact:				
Name:	eMail:		Pho	ne #:

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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 trip is a healing trip.

expected to be in moderat		•		
Yes:	No:			
I understand that all activitivenues.	ties will be conducted for	all attendees.	Veterans are not to	venture off in small groups at night to other
Yes:	No:			sent to those attending the trip (please fill in)
I give my permission to inc	clude the following inform	nation about me	e in an email to be s	sent to those attending the trip (please fill in)
Yes:	No:	_		
I understand that I will be	rooming with another vet	teran:		
Yes:	No:			
I give Fishing With Warrior	rs (FWW) permission to u	se my picture ir	their promotions	
Yes: (With my name)	Yes:( Without m	ny name)	No:	_
My shirt size: Small	_ Medium Large	XL	XXL	
	eterans themselves and a	ıll agree depend	ling on availability	itted to join them, family members may join at of rooms. Otherwise veterans will room with
Veterans will be chosen fo put into the pool for the n		ore deserving ca	ndidates, they will	be chosen by lottery. Those not chosen will be
Thank You for taking the ti			Silver King Lodge iinglodge.com/	n Costa Rica for lodge & Fishing Info.
You will	I have to fill out a truth	nk You Letter hful testimoni	to one of our sp ial about the trip	ire about the trip. onsors with a photograph of your catch. and what it meant to you. n of Service, Family and Work Info
(Fishing in Costa R	ica is catch and release o	nly. Costa Rica	Does Not Allow Tr	ansportation of fish out of the country.)
Printed Name:				
Signature:			Date:	
		<b>A D</b> O	D (21 Å	*** 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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# Sponsors / References

**Sponsors:** To send each Veteran to Costa Rica for a week cost \$5,300, so any contribution you would like to make is greatly appreciated. If you know others that would like get others to help defray the cost of the trip, that would also be helpful.

**References**: Please give us your contact information so we can do a minimal security check on the candidate.

#### All Information will be kelp in strict confidence.

Name:					
Home Address:	City		, St:	, Zip:	
Phone #:					
eMail:					
Name:					
Home Address:	City		, St:	, Zip:	
Phone #:					
eMail:	Sponsor:	Reference:	-		
Name:					
Home Address:	City		, St:	, Zip:	
Phone #:					
eMail:					
Name:					
Home Address:	City		, St:	, Zip:	
Phone #:					
eMail:	Sponsor:	Reference:	_		