



Fishing With Warriors, Inc.

Al Lizotte

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

**AMBASSADOR'S
FORM**

Please Fill out the following application for the 2019 Fishing With Warriors trip to _____ Venice, LA. _____
_____ in _____ October 14-15-16-17-18, 2021 _____ 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# _____ Issue Date: ____/____/____

(Provide a copy of the first page of your Passport, it must be valid 6 months past date of entry into visiting country.)

Do you have any issues with deep sea offshore fishing? _____

Special foods needed: _____

As already mentioned, program revolves around fishing as a therapeutic tool. Please describe your fishing experience (if you ever
fished, how often).

The program will also include and practice in mindful resilience, a yoga-based approach that used breathing, meditation, mindful
movement, guided rest, and gratitude to enhance recovery and build resilience. Please explain you experience using these or other
mind-body skills and if you think they would benefit you. This program is available when yoga instructors are available depending on
the size of the group.

Emergency Contact:

Name: _____ eMail: _____

Phone #: _____

The Ambassador will pay for either the veteran's trip or for the veteran's trip and his own trip. Once you are enrolled, you just need
to get to the designated airport. FFW will provide all ground and air transportation to and from 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.

Name of Veteran you are Sponsoring: _____ Phone#: _____

Fishing With Warriors, Inc. ◆ P.O. Box 621 ◆ Westborough, MA 01581

www.FishingWithWarriors.us



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: _____