Fishing With Warriors, Inc.



Al Lizotte

President & Founder

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VETERAN'S FORM

Please Fill out the fol	lowing application for the 2019 Fis	shing With Warriors trip to	Venice, LA
in	October 14-15-16-17-18, 2025	for some of the best ga	me fishing in the world. Please fill out
the following, as soon a	es possible, so that we will know that	you will be able to attend the tri	p.
	be flying from their local airports and GA airports or airport provided by FW		oonsible for getting yourself to and from se including connecting flights.
Name:			
Home Address:		, St:, Zip:	
Phone:			
eMail:			
Passport#	Issue Date	:	
(Provide a copy of the f	irst page of your Passport, it must be	valid 6 months past date of entr	ry into visiting country.)
Military status and Bra	nch: (Copy of DD214):		
Disabilities:			
Do you have any issues	with deep sea offshore fishing?		
Special foods needed:			
Please explain how you	ı might benefit from this program ad v	what are you hoping to gain fron	n this experience?
As already mentioned, fished, how often).	program revolves around fishing as a	therapeutic tool. Please describ	e your fishing experience (if you ever
movement, guided rest		and build resilience. Please expl	used breathing, meditation, mindful ain you experience using these or other a instructors are available depending on
Emergency Contact:			
Name:	eMail:		
Phone #:			

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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

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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. 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: _____ 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: No: _____ I give Fishing With Warriors (FWW) permission to use my picture in their promotions Yes: (With 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! For more information go to: Rivers end Outfitters http://www.riversendoutfitters.com/

Signature: