NATIONAL VETERANS GOLDEN AGE GAMES

JUNE 9-15, 2001

COACH/STAFF/VOLUNTEER REGISTRATION FORM

PLEASE SPECIFY: COACH_____ STAFF_____ VOLUNTEER_____

NAME:_____
(Last) (First) (M. I.)

ADDRESS:_____
(Street) (City) (State) (Zip)

PHONE:(_____)_____

VA MEDICAL CENTER:_____

POSITION:_____

ADDRESS:_____
(Street) (City) (State) (Zip)

PHONE: (____)_____

NAME(S) OF PATIENT(S) SUPERVISING:
(PLEASE ATTACH SHEET(S) FOR ADDITIONAL NAMES)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

IN CASE OF EMERGENCY CONTACT:

_____ _____
(Name) (Street) (City, State, Zip)

(_____) _____ (_____) _____
(Daytime Phone Number) (Evening Phone Number)

DO YOU NEED MEAL TICKETS? YES____ NO_____
HOW MANY_____

NAME _____ SSN _____

T-SHIRT SIZE (CIRCLE ONE) S M L XL XXL XXXL

ORGANIZATION AFFILIATION (VOLUNTEERS ONLY) _____

VOLUNTEERS: What event/activity do you want to volunteer for and when? _____

_____

_____

_____

ADDITIONAL COMMENTS: _____

_____

_____

_____

_____

_____

PLEASE MAIL TO: Stephen Stous
NVGAG Coordinator (135)
VA Medical Center
4500 South Lancaster Road
Dallas, Texas 75216