



Veteran Application

Name (_____) Phone Email

Address City State Zip

DOB Rank Branch of Service Last/Current Unit

Status: Active Duty Retired Med Retired Discharge Type: _____

Eligibility: OIF OEF OND Combat Injured: YES NO Purple Heart Recipient: YES NO
(PTSD Included)

Describe Injuries: _____

VA Rating: _____ Please include a copy of VA Rating and a copy of **Certified DD 214**.

Family: Married Single Children? How many? _____ Spouse name: _____

Children(s) Name/Age: _____

NOK/Emergency Contact: _____

Have own transportation Need transportation

How did you hear about us?: _____

I am interested in: (Check all that apply)

- Hunting — Elk Deer Archery Rifle Birds
 Fishing — Fly fishing Lake fishing Stream fishing
 River rafting Spending time at camp Volunteering to help with work
 Hiking in the Eagle Cap Wilderness Horse packing Rock climbing
 Participating in therapeutic workshops Photography Writing Art
 Participating in Equine Therapy Shed hunting

*Email this to: **nicci.pretti@gmail.com***

*or mail to: **Nicci Pretti • 540 Caves Camp Road • Williams OR 97544***

Please include some information about yourself. | You will get a phone call from a staff member.