

## Wounded Warriors Canyonlands Raft Trip Information Form 2016

Launch date: \_\_\_\_\_

(May 6, May 14, May 21, May 28)”

This information will be held confidential, is solely to obtain contact points, and to accommodate any special needs for the raft trip.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Age: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Name of any accompanying party: \_\_\_\_\_

Military Branch: \_\_\_\_\_

Rank: \_\_\_\_\_

Status: \_\_\_\_\_

Current treatment location: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

Date of injury: \_\_\_\_\_

Degree of disability: \_\_\_\_\_

AW2 Advocate or VAMC Case Manager: \_\_\_\_\_

AW2, VAMC Contact phone, email: \_\_\_\_\_

Special needs: \_\_\_\_\_

Special Requests: \_\_\_\_\_

Special diet requests: \_\_\_\_\_

Sleeping bag, pad needed?: \_\_\_\_\_

Other information you think may be important: \_\_\_\_\_

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