



Complete the Application and mail to:

Wounded Warriors
1719 N. 60th St
Omaha, Nebraska 68104

Or
Applications and documentation can be
faxed to (402) 502- 4872.

One of the following documents must accompany this application as evidence of your eligibility:

DD 214, DD 215, WD AGO 53-55, General Orders or DD 1300

Applications without the required documentation of eligibility will NOT be processed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Choose a Resort: (Circle One) (From time to time other options become available. Please see more information online regarding available options and dates.)

Bahama Bay I Resort Bahama Bay II Bahama Bay III Victorian Resort and Conference Center
Washington Nationals Baseball San Diego Padres Baseball

Dates you would like to use the condo/tickets: (Ex: March 6-10, 2006) Please check online for availability.

_____ Will you require transportation? _____

Do you or a member of your family use a wheelchair? _____

Service: (Circle One)

Army Marine Corps Navy Air Force

Component: (Circle One)

Active Reserve National Guard Retired

Pay Grade: (Circle One)

E1 - E2 - E3 - E4 - E5 - E6 - E7 - E8 - E9 WO - CW02 - CW03 - CW04 - CW05 O1 - O2 - O3 - O4 - O5 - O6

Marital Status: (Circle one)

yes no

Number of Dependents: _____ **Ages:** _____

Are you medically discharged for wounds or injuries sustained in combat operations? (Circle one)

yes no

Have you been awarded the Purple Heart? (Circle one)

yes no