



Please fill out this application in its *entirety*. Please note that whatever address you provide on this application will be used to send packages to. Please make sure this address can accept packages and mail.

The game of golf embodies strengths, flexibility, endurance, balance, and mental discipline. SMGA programs are designed to leverage these attributes to facilitate the healing process. Our programs, clinics, and golf experiences build lasting friendships that extend beyond the hospital and past the golf course. We are excited in your interest to take on the game of golf!

SMGA WARRIOR GOLFER APPLICATION		
APPLICANT INFORMATION		
Today's Date:		
Name:	Rank:	Service Branch:
Date of Birth:	Status: Active Veteran (Please circle)	Gender:
ADDRESS OF RECORD		
Current Address:		
City:	State:	ZIP Code:
Permanent Phone:	Cell Phone:	Email:
NEXT OF KIN		
Name:		Relationship:
Address:		Phone:
City:	State:	ZIP Code:
DISABILITY INFORMATION		
Disability:		
Date Injured:		
Where Injury Occurred (City & Country):		
Are you currently rehabilitating at a hospital? Yes No (Please circle)		
If yes, which hospital?:		
MILITARY & EMPLOYMENT INFORMATION		
Military Medals Received:		
Name of Current Employer or School:		
If Applicable, include job title and/or degree:		
PERSONAL		
Interests:		
Future Goals:		
OFFICE USE ONLY		
Date:		
Approved By:		

I attest, that the information provided on this application is accurate. I have read the SMGA Code of Conduct, and will abide by these rules at all times.

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date

**Empowering Wounded Warriors, One Fairway at a Time**