**Registration Form**

***NWBA Operation Rebound Clinic***

***Please print or type legibly***

**Contact Information**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M \_\_ F \_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size Small Medium Large XL 2XL 3XL

**Military Information**

Branch of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active Duty or Retired \_\_\_\_\_ Years Involved \_\_\_\_\_

**NWBA Information**

Experience w/wheelchair basketball \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Own a sport chair Y N

**Travel Information**

Arrival Date \_\_\_\_\_\_\_\_\_\_ Departure Date \_\_\_\_\_\_\_\_\_\_ Mode of Transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Roommate Preference (two vets per room)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_