

SISTERHOOD 4 VETS, INC.

Veteran's Application for Vacation Accommodation

Name _____

Single _____ Married _____

Address, City, State, Zip Code

Home Telephone Number _____ Mobile Number _____

When is the best time to call _____ Email Address _____

Rank _____ Branch of Service _____

Year Discharged _____ Discharge Status _____

Only if selected Copy of the DD214 and Photo ID are required.

Number of adults in your traveling party including you _____

Number of children in your traveling party _____

Do you have any special requirements that S4V should know about? _____

If yes give details _____

Attach a testimonial letter that is a minimum of 50 words not to exceed one page of why you should be awarded the vacation.

I agree to allow my name to be released and included in stories about S4V as portrayed by web site and the news media. Yes _____ No _____

Application can be received upon request, by calling telephone number 267-973-7014, email address **info@sisterhood4vet.com**, P. O. Box 27324, Philadelphia, PA 19118, Fax Number 215- 224-5076, web-site www.sisterhood4vets.com.

Signature _____ Date _____