

**34 Days of Summer**

**Participant entry form**

**Note: You must submit proof of VA determination of at least a 30% disability with this form.**

**Further note: You need not complete this form if you are already registered with Project Healing Waters Fly Fishing**

**And one more note: We treat all of this info as STRICTLY CONFIDENTIAL and will never sell or permit its use by any other organizations!**

Participant name \_\_\_\_\_

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

Cell phone number \_\_\_\_\_

Address where we can deliver our  
Official tournament measuring ruler \_\_\_\_\_

**And finally, THANK YOU FOR YOUR SERVICE!**