



DATE OF APPLICATION: _____

Information must be legible. If it's not readable, it will NOT be approved.

Rank/Name: _____

Address: _____

City/Province or State/Zip _____

Telephone (Home): _____

Telephone (Work): _____

E-mail Address: _____ @ _____

<u>Resort Name</u>	<u>Location</u>	<u>Accommodations</u>
Legacy Golf Resort	Phoenix, AZ	Studio, 1BR, 2BR (Up to 8pp)
Orange Tree Golf Resort	Scottsdale, AZ	1BR (Up to 4pp)
Desert Rose Resort	Las Vegas, NV	1BR, 2BR (Up to 6pp)
Little Sweden (Door County)	Fish Creek, WI	1BR, 2BR (Up to 6pp)
Peacock Suites	Anaheim, CA	1BR, (Up to 6pp)
Carriage Ridge, ON	Barrie, Canada	Studio, 1BR, 2BR (Up to 8pp)
Plaza Pelicanos Puerto Vallarta	Jalisco, Mexico	Studio, 1BR, 2BR (Up to 6pp)
Crotched Mountain Resort	Fracestown, NH	Studio, 1BR, 2BR (Up to 6pp)
Salado Creek Villas	San Antonio, TX	Studio, 1BR, 2BR (Up to 6pp)
Waikiki Marina Resort	Honolulu, HI	Studio (Up to 4pp)
Houla Resort at Mauna Loa Village	Kailua-Kona, HI	1BR, 2B (up to 6pp)
Paniolo Greens Resort	Waikoloa, HI	2B (up to 6pp)
Lawrence Welk Resort	San Diego/Palm Springs, CA	1BR, 2BR (Up to 6pp)
Lawrence Welk Resort	Branson, MO	1BR, 2BR, (Up to 6pp)
Wyndham Resorts	Worldwide	Specify location on site selection

SITE SELECTION

Please indicate your three choices for your vacation experience.

RANK/NAME _____ **DATE** _____

Number of Adults _____

Number of Children _____

1st Location Choice:

Arrival/Departure Date:

2nd Location Choice

Arrival/Departure Date:

3rd Location Choice:

Arrival/Departure Date:

Rules and Stipulations

ACCOMMODATIONS ARE AT NO COST. A \$50 NON-REFUNDABLE PROCESSING FEE MUST BE SUBMITTED WITH YOUR APPLICATION IN ORDER TO START THE APPROVAL PROCESS. THE RESORT CERTIFICATE THAT IS REQUIRED FOR CHECK-IN WILL BE ISSUED WHEN THE APPLICATION IS APPROVED.

1. Qualified applicants include Active Duty, Reservists on Active Duty, National Guard on Active Duty, Warriors in Transition, Veterans, DoD Civilians, contracted personnel in support of Warrior Transition Units and FMWR Staff/Employees. Members are responsible for the conduct and actions of family members and guests.
2. Applications must be submitted least 6 weeks prior travel dates unless special request by authorized medical care representative or extenuating circumstances. Only one vacation per resort company in a calendar year. Vacations include **accommodations only!**
3. We request that participants submit a testimony outlining their vacation experience and sign a public relations release for the resort owners' publication. There is no obligation to attend presentations or purchase property or timeshare points.
4. The Vacations for Vets Program is not responsible for injuries, property or personal damage, financial obligations or notes signed by members prior to, during or following travel.

Method of Payment for Required Processing Fee (Please Check)

MasterCard

VISA

AMEX

Discovery

Check

Money Order

Name on Card

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Card Number

_____/____

Exp. Date

Approved certificates will be sent directly to applicants from the Vacations for Vets Program Manager. You may scan and email the completed form to vacationsforvets@gmail.com or Fax to 301-490-9770, ATTN: Vacations for Vets.