# AMERICA'S HEROES GOLF PROGRAM - OEF/OIF REGISTRATION FORM

3811 Alhambra Circle—Coral Gables, Florida 33134

First Name: _____

Last Name: _____

Residence Address: _____

City:_____State:_____ Zip:_____

Home Telephone: [_____] [_____] [_____] Cell Phone: [_____] [_____] [_____]

Email Address: _____

**Military Service**: Please check the appropriate boxes: Military Rank: _____

[ ] Air Force, [ ] Army, [ ] Navy, [ ] Marine Corps, [ ] Coast Guard, [ ] Army National Guard

[ ] Air National Guard Current Mil. Status: [ ] Active Duty, [ ] Reserves, [ ] Veteran, [ ] Retired

Current Military Unit:_____

**OEF/OIF Eligibility Certification**: Please check all that apply and attach copy of documents to this form.

Awards: [ ] (ICM)/Iraq, [ ] (ACM)/Afghanistan, [ ] (GWOTEM)/Global War on Terrorism

[ ] Evaluations/FITREPS, [ ] Orders PCS/TDY, [ ] DD-214 (Certificate of Discharge)

**Miami-Dade Residency Certification:** [ ] Florida Drivers License, [ ] Florida ID Card,

[ ] Utility Bill, [ ] Lease Agreement [ ] Other:_____

**Personal Photo Identification Card:** List ID Number Printed on Your Personal Photo ID Card

[ ] Military ID Card: Last Four Numbers:_____

[ ] Florida Drivers License: #_____

[ ] Florida ID Card: #_____

[ ] Other: _____ #_____

Have You Ever Played Golf Before? [ ] No [ ] Yes -- Your Golf Handicap: [_____]

Sex: [ ] Male, [ ] Female, [ ] Single, [ ] Married -- Your Children Ages 5 -18: [_____]

_____ _____

**Your Signature for Validation** **Date**

VA 2010