



OEF/OIF VETERANS WELCOME HOME CELEBRATION Saturday, May 17, 2008

REGISTRATION FORM

Last Name: _____ First Name _____
Last 4 Numbers of SSN _____ Birth Date ____/____/____ Male ___ Female ___
Home Phone _____ Cell Phone _____
Address _____ City _____
State _____ Zip Code _____ Marital Status: Single ___ Married ___ Other ___
E-mail Address: _____
Emergency Contact: Name _____ Relationship _____ Phone _____
Military Branch: Army ___ Navy ___ Air Force ___
Marine Corps ___ Coast Guard ___
National Guard ___ Reserve _____
Dates of Service: Month ____ Year ____ TO Month ____ Year ____
OEF Veteran _____ OIF Veteran _____
Are you Enrolled in The VA Healthcare System? Yes _____ No _____
VA Medical Center Where You Receive Healthcare? _____

SERVICES AVAILABLE AT THE WELCOME HOME CELEBRATION:

Please Check All The Services That Interest You:

<input type="checkbox"/> The Vet Center/ Readjustment Services	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Starting Your Own Business
<input type="checkbox"/> Health Care Services/Enrollment	<input type="checkbox"/> Veterans Benefits
<input type="checkbox"/> Women's Health	<input type="checkbox"/> Veterans Service Organizations
<input type="checkbox"/> Education Services	

Do you want your name listed on the **Wall of Valor**? YES _____ NO _____
Indicate Number of People Attending: Veterans _____ Guests _____ Children _____

*Information contained in this form is voluntarily provided and will be used solely by the
St. Louis VA Medical Center's OEF/OIF Program and Welcome Home Committee.*

Please mail or fax your completed form by May 1st to:

Gregory Campbell, OEF/OIF Program Manager
St. Louis VA Medical Center
915 North Grand Blvd.
St. Louis, MO 63106

FAX: 314-289-7685
PHONE: 314-289-7641