

Al Lizotte

President & Founder Section 501 © (3) EIN 30-0892881

AMBASSADOR'S FORM

Fishing With Warriors, Inc.

Please Type This Form, Submit With DD214 and Copy of 1st Page of Your Passport

Congratulations! You are a candidate to atte Sept. 8/9/10/11/ return home Sept. 12 20		Costa Rica	Depart Sept 7 2025 fish
for some of the best game fishing in th will be able to attend the trip.	e world. Please fill out the following, as	soon as possible,	so that we will know that you
All of the veterans will be flying from their leads to the Boston MA or Atlanta GA airports or airports	=	•	
Name:			
Home Address:	City:		St:, Zip:
Phone:	eMail:		
Passport#	Expiration Date://	DOB:/_	/
(Provide a copy of the first page of your Pas	sport, it must be valid 6 months past da	ite of entry into vis	iting country.)
Do you have any issues with deep sea offsho	ore fishing?		_
Special foods needed:			_
As already mentioned, program revolves are fished, how often). (Fishing in Costa Rica is catch and re	ound fishing as a therapeutic tool. Plea		
The program will also include and practice i movement, guided rest, and gratitude to er mind-body skills and if you think they would the size of the group of the group.	nhance recovery and build resilience. Pl	ease explain you e	xperience using these or other
Emergency Contact:			
Name:	eMail:		_
Phone #:			
The Ambassador will pay for either the vete to get to the designated airport. FFW will p Fishing Lodge room and board; laundry & he soda, snacks. Go to https://silverkinglodge	rovide all ground and air transportation ousekeeping at the lodge; boat captain;	to and from the d	esignated airport. We provide
Name of Veteran you are Sponsoring:		Phone#:	

www.FishingWithWarriors.us



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I understand that although alcoholic beverage expected to be in moderation. This trip is a h	ges will be available for purchase on the trip during meals. Drinking if done at all, is nealing trip.
Yes: No:	
I understand that all activities will be conduct venues.	ted for all attendees. Veterans are not to venture off in small groups at night to other
Yes: No: I am presently taking pain medication or opia	ates for:
Yes: No: I give my permission to include the following	information about me in an email to be sent to those attending the trip (please fill in)
Yes: No: Branch of Military in which you serve/served	 :
I understand that I will be rooming with anot	her veteran or ambassador:
Yes: No: I give Fishing With Warriors (FWW) permission	
Yes: (With my name) Yes:(With	hout my name) No:
My shirt size: Small Medium	Large XL XXL
X# of veterans will be chosen for this trip. If t will be put into the pool for the next year's tr	here are more deserving candidates, they will be chosen by lottery. Those not chosen ip.
This trip is solely for veterans; one of the goa	Is of the trip is to build camaraderie.
Thank You for taking the time in completing t	this application!
You will have to send out hand written	consible for filling out a questionnaire about the trip. Thank You Letter to one of our sponsors with a photograph of your catch. Truthful testimonial about the trip and what it meant to you.
Printed Name:	
Signature: _	Date:

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