Warrior Application

Please complete this application for consideration to participate in Combat Warrior Outdoors' adventures. Email this completed form, a copy of your DD214 and your VA rating (with the SSN blacked out) to combatwarrioroutdoors@yahoo.com or mail to CWO, PO Box 299, Tuscarawas, OH 44682. If you are selected to participate in an event, we will contact you. Your application will always remain on file at CWO.

Thank you for your service.

NAME: _____ LAST 4:_____
Fisrt MI Last SSN

ADDRESS: _____
Street City State Zip

PHONE # _____ EMAIL:_____

DOB: _____ SEX: Male / Female MARTIAL STATUS: _____

Branch of Service: _____ Date Left Service: _____

VA Disability Rating _____% to include ☐ TBI ☐ PTSD

Current Occupation: _____

Circle ALL Adventures That You Are Interested In:

Hunting	Fishing	Kayaking/Rafting	Golf
Skydiving	Camping	Hiking	Skiing

Other _____

Signature: _____ Date: _____

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Rec _____ By _____ Verified _____ / _____

Events:

_____ Date_____ Rmks_____

_____ Date_____ Rmks_____

_____ Date_____ Rmks_____

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