

# Nominated Veteran Form

Please fill out the information below and send completed information to [cbyrus@dellutrilawgroup.com](mailto:cbyrus@dellutrilawgroup.com)

- I have spoken to the Veteran to make sure they meet the criteria and they have agreed they can make the trip if nominated.
- The Veteran has questions and would like to speak with someone further.

## ARE YOU NOMINATING YOURSELF?

### IF YES:

Your Name: \_\_\_\_\_

Your Number: \_\_\_\_\_

Your Email: \_\_\_\_\_

What city do you live in? \_\_\_\_\_

Tell us a little bit about yourself and what this ride would mean to you:

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### IF NO:

Your Name: \_\_\_\_\_

Your Number: \_\_\_\_\_

Your Email: \_\_\_\_\_

Veteran's Name: \_\_\_\_\_

Veteran's Number: \_\_\_\_\_

What city does the Veteran live in? \_\_\_\_\_

Tell us a little bit about your Veteran nomination and what this ride would mean to them:

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