

Canyon Heroes

River Expedition Application Form

It is the purpose of "Canyon Heroes" to provide a unique and healing experience for a wounded/disabled U.S. Military Veteran.

| | | | | | |
|---|------------|----------------------------|--|---------|----------|
| Name: | | Date: ___/___/___ M D Y | | | |
| Street Address; Mailing Address [if different than Street Address]. | | | | | |
| City: | | State: | | ZIP: | |
| E-mail and USAA #: | | | | | |
| Home Phone: | | | Mobile Phone: | | |
| Date of Birth: ___ ___ ___ M D Y | | Gender: M F | Marital Status: ___ ___ ___ Married Divorced Single | | |
| Please Circle Your Highest Level of Education | | | | | |
| High School | Associates | Technical | Bachelors | Masters | Doctoral |
| Military Service | | | | | |
| Branch: | | | | | |
| Rank: | | | | | |
| MOS, AFSC or NEC: | | | | | |
| Deployment | | | | | |
| Conflict(s) served: | | | | | |
| Number of deployments: | | | Dates: | | |
| With what unit/units: | | | | | |
| Type of discharge: | | | | | |
| Combat wounded: Y ___ N ___ | | | Non-Combat injury: Y ___ N ___ | | |

Please describe type of injury:

Additional Information

Are you currently, or have you been within the past year under the care of a psychiatrist, psychologist, therapist or counselor? Y_____ N_____

Please tell us how participation in the Canyon Heroes River Expedition will benefit you, and what you hope to gain from the experience:



PO Box 404

Ligonier, PA 15658-0404

Email: info@canyonheroes.org

Canyon Heroes pays for all transportation, lodging and 7 day rafting trip including a partial tip to the guides. Each veteran is asked to purchase a trip insurance policy payable to Canyon Heroes in the event of trip cancellation due to "medical emergency" or "cancel for any reason" issues.