FOLDS OF HONOR
MILITARY TRIBUTE PROGRAM

PARTICIPATION FORM

School: ________________________________

Head Coach: ________________________________

Cell Phone: ___________________ Email: ____________

SOLDIER INFORMATION:

☐ Our team would like to request a Folds of Honor soldier be provided to us by the WGCA

☐ Our team has selected the soldier we would like to honor

   Soldier’s Full Name: ______________________ KIA/Wounded: ______

   Military Rank: _____________________ Military Branch: ____________

STORY CARD:

☐ Please provide assistance in preparing a story card

☐ Please provide examples of story cards

☐ Our team has prepared a story card and it is attached to this form

Please return completed form to Paige Thompson at the WGCA:

paige@wgcagolf.com or (800) 381-0769 Phone/Fax