



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