



OVO is a 501(c)(3) Non-profit based out of Clarksville, OH

OVO Mission: Promote Wounded & Disabled Veteran health through outdoor experiences and education.

Questions? Contact us at (937) 501-1239 / mail@ohvetsoutdoors.org

## Veteran Registration Form

To be completed for each Veteran (email form and service verification document with SSN blacked out to mail@ohvetsoutdoors.org)  
\*Verification of veteran's service required. \*\*Applicable doc (DD-214/Drivers Lic, VA ID, or Mil ID) kept on file; N/A for volunteer.

### Personal Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex  M  F email address: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Ohio Dept of Natural Resources Customer # (On hunting/fishing license if applicable): \_\_\_\_\_

### Service Information

Branch of Service:  Air Force  Army  Coast Guard  Marine Corps  Navy

Dates of Service (mm/yy): \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Purple Heart recipient? (NOT required): \_\_\_\_\_

### Emergency Contact

(Please ensure this information is accurate)

Name: \_\_\_\_\_ Phone Number: C: ( ) \_\_\_\_\_ H: ( ) \_\_\_\_\_ W: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

### Special Needs for the Event

Dietary: \_\_\_\_\_  
(vegetarian, diabetic, food allergies, etc.)

Medical: \_\_\_\_\_  
(medications, drug allergies, etc)

Mobility: \_\_\_\_\_  
(wheelchair, difficulty with stairs, service animal, etc.)

### How did you hear about OVO

Friend (name): \_\_\_\_\_ Social Media (which one): \_\_\_\_\_ OVO Website \_\_\_\_\_

Organization/Event: \_\_\_\_\_ Other: \_\_\_\_\_

### Interests and Experience (Please list)

Hunting/Type of Game/Type of Equipment \_\_\_\_\_  
(big game, turkey, waterfowl / bow, crossbow, rifle, shotgon, etc.)

Fishing/Fly Fishing \_\_\_\_\_

Other Outdoor Activities \_\_\_\_\_  
(canoe/kayak, hiking, camping, etc.)

**Admin Use Only**  
Svc Verification Method:  
DD-214 VA ID Mil ID  
Veteran added to database:  
(dd/mm/yy, user initials)

**Tell us about yourself** (optional)  
(family, other interests, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_