Paralyzed Veterans of America
Buckeye Chapter, Inc.
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Euclid, Ohio 44132
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PARALYZED VETERANS OF AMERICA
BUCKEYE CHAPTER
INDIVIDUAL SPORTS PROGRAM
FUNDING APPLICATION

Please Print

Last Name:_____ First Name:_____

Address:_____

City: _____ State: _____ ZIP_____

E-mail: _____

EVENT INFORMATION

Event: _____ Dates:_____

Location: _____

Hotel: _____

Transportation via: (i.e. Air; Car; Train; Bus) _____

Estimated Expenses:

Registration Fee $_____

Banquet Fee $_____

Hotel $_____

Transportation $_____

All applications must be postmarked a minimum of 30 days in advance of the event and sent to the Buckeye Chapter office – Paralyzed Veterans of America, Buckeye Chapter; 26250 Euclid Avenue #115; Euclid, OH 44132