



## Are you currently enrolled in the Navy Wounded Warrior (NWW) Program?

Yes. Please continue completing the registration.

No. **STOP**, do not complete this registration. **Please speak to a NWW staff member who will work with you to complete the necessary referral paperwork for enrollment consideration.** 

Please print all information on this registration.

<b>Event Information</b>	*NWW Headquarters Use ONLY*	
<b>Event Name:</b>	Navy Team Trials	
<b>Event Location:</b>	NBVC Port Hueneme, CA	
<b>Event Dates:</b>	24 MAR – 3 APR 2023	

## Personal Acknowledgement

Yes, I plan to attend. My signature on this document indicates my written commitment and interest in attending this NWW hosted adaptive reconditioning event. I understand this is ONLY a registration to participate and I will be formally informed in writing if selected to attend.

Signature		Date								
Personal Informa	ation									
Name:										
Rank: Rate or Designator			r:	Active or Reserve:			Retired (TDRL/PDRL/Other):			
Current Address:										
City:			State:			Zip:				
Phone Number:			Email Address:			I				
Clothing Sizes (unisex S/M/L):			Categories (Select all that apply):		Sports (Select all that apply):					
Height:	Weight:		Amputee			Archery				
Shirt			Illness			Cycling				
<b>Command Information</b>			PTSD			Field				
Current Command			Spinal Cord Injury			Indoor Rowing				
Command Location			Traumatic Brain Injury			Powerlifting				
Airport Preference	Airport Code, City		Visual Impairments			Shooting				
1 <sup>st</sup> Choice			Other			Sitting Volleyball				
2 <sup>nd</sup> Choice			Other			Swimming				
							Track			
						Wheelchair Basketball				
						Wheelchair Rugby				
		*	NWW Headqua	rters L	se ONLY*					
TWMS Case Num	ber:									
Registration Status										
Date Received at HQ: HQ		HQs	HQs Decision and Date:		e: Date RSM notified:					
					Date documented in TWMS:					