



FOLDS OF HONOR



MILITARY TRIBUTE PROGRAM

PARTICIPATION FORM

Date: _____ **Season Participating (ex: 2019-20):** _____

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 GCAA

Soldier's Full Name: _____ KIA/Wounded: _____

Military Rank: _____ Military Branch: _____

- 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 examples of story cards
- Our team has prepared a story card and it is attached to this form

Please return completed form to Gregg Grost at the GCAA:
gregg@collegiategolf.com or 405-573-7888 (fax)

Suggested date to submit form by is June 1