

**S/V GHOSTSHIP  
VETERANS WITH PTSD  
CHARTERS**

Trip Request & Military Verification Form

**Requested Trip: Female Veterans Trip Dates: 7-14 March**



Veteran's Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

**Military Service Verification**

Branch of Military \_\_\_\_\_ Service Years \_\_\_\_\_ Month / Year TO Month / Year

Are you still Active Duty or Active Reserve? Y/N

Did you receive an Honorable or Administrative under Honorable Conditions discharge from the military YES/NO If answer is "NO", please explain below:

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

Can you verify your service? (DD-214, VA ID Card, State Veterans Designated Drivers License, or other) Y/N ---If "Yes" above, please provide a "Sanitized Copy" (blacked out SSN) with this form

If answer above is "NO" or "OTHER", Please Explain below:

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

Did you serve in the military as part of a major combat operation Y/N

If "Yes" above, please list operation here: \_\_\_\_\_

Are you a weak swimmer? Y/N

**PTSD / Medical Verification & Limitations**

Have you had a medical diagnosis of, or been treated for PTSD, Combat Stress or Anxiety as a result of your service in the military Y/N

If answer is "No" to above, please let us know how this trip will benefit you personally?

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Are you now considered disabled as part of your military service Y/N –If answer is "YES" what is percentage of disability are you awarded? \_\_\_\_\_

Can you verify your disability with documentation? \_\_\_\_\_

Do you have medical conditions that substantially limit your ability to perform the following?

- Climb in and out of a rubber raft or climb metal ladder to board ship Y/N
- Able to reach and grab for self-stabilization during substantial movement of the ship Y/N
- Able to sleep in a confined quarters with other members of a crew Y/N

Do you have severe medical conditions that may require immediate transportation to a medical facility? (Ex: Ongoing heart condition / cancer / pregnancy or recent surgeries)

Please explain below any substantial medical limitations that you think we should know about

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Have you Seen the Movie: Captain Ron? \_\_\_\_\_ Y/N

Do you verify that all the information is above is correct, and do you understand that misrepresentation or cancelling your reservation on the Ghostship within the immediate 30 days prior to sail could result in your being disqualified for future trips for a period of one year.

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_