



# VETERANS FOUNDATION OF AMERICA

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address \_\_\_\_\_ Gender  Male  Female

## In which branch of the Armed Services did you serve?

- Army  USMC  Air Force  
 Navy  Space Force  Coast Guard

## What instrument do you play?

\_\_\_\_\_

## How would you describe your skill level?

- Beginner  Intermediate  Advanced

## Do you have your own instrument?

- Yes  No

## Do you have any physical limitations on playing a specific instrument?

- Yes  No \_\_\_\_\_

## If accepted into the group, which location and time works best for you?

- Manalapan – Tuesdays, 11:30 AM to 12:30 PM  
 Jackson Elks – Thursdays, 9:30 AM to 10:30 AM  
 Whiting – Fridays, 9:00 AM to 10:00 AM

## Please include any pertinent information that would help us with putting you in the program

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