

Registration Deadline: 24 October



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.							
Event Information *NWW Headquarters Use ONLY*							
Event Name:	Adaptive Sports Camp						
Event Location:	NBVC Pt. Hueneme, CA						
Event Dates:	09-16 January 2025						
Personal Acknowledg Yes, I plan to in attending this NWW participate and I will be	attend. M hosted ad	aptive recond	itioning	event. I	understand t		ommitment and interest LY a registration to
Signature Date							
Sports Cycling, Powerlifting, Shooting Personal Information		rack, Sitting Volley	yball, Whee	elchair Bask	etball		
Name:							
Rank:	Rate or Designator:			Active or Reserve:			Retired (TDRL/PDRL/Other):
Current Address:							
City, State, Zip:				Primary Airport:			Secondary Airport:
Phone Number:				Email Address:			
Current Command:				Command Location:			
Categories (Select all that apply):							
Amputee	PTSD		Illness:			Spinal Cord Injury	
Traumatic Brain Injury	Visual Impairment		Mental Health			Other:	
Special Accommodatio	ns (Select a	ıll that apply)	:				
ADA Room Required	ADA Vehicle Transport		NMA Required			Service Animal Required	
		NWW AR	COs/Res	gional U	se ONLY		
TWMS Case Number:							
Registration Status							
Date Received: HQs Submission and			on and l	Date:	Date RSM notified: Date documented in TWMS:		
Comments:					Date docum	emea m	1 vv ivio: