

Five Star Sanctuary, Inc.

Our Fall Day, at Fort Ticonderoga, NY

Sunday - September 27, 2026

Military personal & Veteran's and spouse or partner only, please fill out an application.

Type or print application. Military personal & spouse or partner must fill out this form.

Application is subject to review – by Five Star Sanctuary, Inc.

If you need assistance completing this application, please call and we will help you: 1-802-777-4810

Military personal & Veteran's Information:

Last Name:	First Name:	Today's date:	Gender: M / F
	Nick name:	Date of Birth:	
Mailing address:	City:	State:	ZIP Code:
			County:
Home Phone:	Work phone:	Cell phone:	E-mail:

Are you a veteran of the US Military? - Yes____ / No____ - Are you on active duty, guard, reservist? Yes____ / NO____

Branch of Service:_____Years Served: _____to_____Rank at Discharge: _____

Does veteran have any special needs or handicap assistance needed for this event? Yes____ / No____

Explain Needs: _____

Veterans' - EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	Emergency Contact Phone:	Relationship:
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Military personal military & Veterans' Family Information:

Last Name:	First Name:	Relationship: _____	
		Date of Birth: _____	
Address:	City	State	ZIP Code
Phone 1:	Cell 2:	Email:	

Medical Information:

Disability/Diagnosis:	Date of Injury (If Applicable):	Briefly describe the nature and/or cause of your disability.
Physician Name:	Physician office Fax:	
Phone:		

Do you have allergies? Yes____ / No____ If yes, please list:_____

Do you use an EPI Pen: Yes____ / No____ **If yes, you must bring it with you**

Media Release - photo's – video - Yes____ / No____ Sign_____

Participants Signature _____ Veterans family member: _____

Print form and Sign and Email back with a copy of your DD form 214 or a military ID card or VA picture ID

Point of Contact – US Army retired John Maille - Call – 1-802-777-4810

If you have any Questions please email – Fivestarsanctuary@outlook.com / Webpage: Fivestarsanctuary.org