



TEE Tournament

TRAINING · EXPOSURE · EXPERIENCE

2008 TEE TOURNAMENT REGISTRATION INFORMATION

WHO MUST REGISTER	All participants and their companions must submit a completed registration form. PLEASE REGISTER PROMPTLY as space is limited. The applications MUST BE COMPLETE AND INCLUDE ALL FEES to be considered.
ELIGIBILITY	All legally blind and GIVE program veterans.
REGISTRATION DEADLINE	As soon as possible (first come, first served basis). Spaces fill up fast, so don't delay!
COST	There is a \$75 registration fee per veteran participant. Please make checks/money order payable to Iowa City VAMC/TEE Tournament. DO NOT SEND CASH! This fee will be returned for cancellations made by August 22, 2008. If you need financial assistance, please contact your local veterans organizations. Each participant is responsible for incidental costs such as phone calls and TV movies. Please remember to check out at the hotel front desk before leaving.
TRANSPORTATION	Participants are responsible for their own travel to and from the TEE Tournament. However, the TEE Tournament will provide shuttle service to and from the closest airports: the Eastern Iowa Airport in Cedar Rapids, Iowa, and the Quad Cities Airport in Moline, Illinois, on Monday, 9/8, from 8 a.m. to 6 p.m. and Friday, 9/12, from 6 a.m. to 3 p.m., provided notification is given. We will NO longer offer service from the train station. For shuttle service information call (319) 351-1110, extension 7230. TEE Tournament buses will provide transportation between the hotel and the event sites. Parking at the hotel and at the sites is accessible and free of charge.
LODGING	All participants and their companions will be housed at the Holiday Inn/Hampton Inn, I-80 and 1 st Avenue, Coralville, Iowa. All veteran participants will receive free lodging Mon. through Thurs., September 8-11. Companions sharing rooms with veterans will be charged \$35/night.
MEALS	Meals will be provided free of charge to the veteran participants from Tuesday morning breakfast through the Thursday evening

	<p>awards banquet. Companions may purchase a meal ticket to include those meals for \$50/adults. A continental breakfast will be provided Friday morning free of charge.</p>
<p>MEDICAL</p>	<p>Each veteran participant MUST complete the enclosed “General Medical Information” form. Verification of legal blindness is required. All disabilities are subject to review by the Medical Director and Program Director. Their decisions are final. Medical assistance will be available 24 hours a day as part of the event. Medical assistance is not intended for pre-existing conditions. Each participant is reminded to bring enough medications to last throughout this event and 5 (five) days beyond. A specific location at the Holiday Inn will be designated for the proper disposal of all medical waste. Please indicate special needs in the registration packet. <u>In addition you must bring with you a current list of medications which will be required at the site when you register.</u></p>
<p>GENERAL INFORMATION</p>	<p>Please indicate on item 20 of the registration form if you require a main floor room or the use of an elevator.</p> <p>Area tourist information can be mailed to you upon request from the Iowa City-Coralville Convention and Visitors Bureau, 900 First Avenue, Coralville, Iowa, 52241, (319) 337-6592.</p> <p>Registration will take place in the Conference Center of the Holiday Inn, Monday, September 8, 2008, from 3-7 p.m. A buffet and beverages will be served in the Conference Center lobby starting at 5:00 p.m. There will be an Opening Ceremony at 7 p.m.</p> <p>In case of rain, bowling will continue and alternative activities have been planned.</p> <p>Each participant will be assigned a sighted “golf buddy” and will receive a schedule of events.</p> <p>If you plan to arrive before Monday, 9/8, or stay past Friday, 9/12, please contact the Registration Chairperson, Mary Wall, 319-338-2618, or Kirt Sickels at (319) 339-7104. If you need additional copies of this registration packet, please feel free to make copies of it or contact the Registration Chairperson.</p>

2008 TEE TOURNAMENT CHECK OFF LIST

Please completely and correctly fill out the enclosed packet or your application CANNOT be processed.

PLEASE INCLUDE THE FOLOWING FORMS:

- 1. Participant registration application (filled out by the participant).
- 2. Participant General Medical form (filled out by the participant).
- 3. Participant Physical Exam form (filled out and signed by a medical examiner).
- 4. Release of Information and Consent forms. To publicize the event in your hometown and have permission to handle your personal information, we need your SIGNED consent on all three forms.
- 5. Companion Registration form, if someone is coming with you as a companion.
- 6. Check or money order, payable to:

Iowa City VA Medical Center (memo: TEE Tournament)
DO NOT SEND CASH.
- 7. Please mail the completed registration forms, including your check or money order to:

KIRT SICKELS (00B)
VA MEDICAL CENTER
601 HWY 6 WEST
IOWA CITY IA 52246-2208

Questions?
Call (319) 339-7104
Or (319) 338-2618

When your application is accepted, you will receive a confirmation letter.