



Office of Veterans Affairs  
 4400 Castleton Court  
 Castle Rock, CO 80109  
 303-688-4825 Ext. 5359

**Office Use Only**

Date Received \_\_\_\_\_  
 Data Entered \_\_\_\_\_

## Veteran As Presenter Registration

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Name: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tel: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date Submitted:  
 \_\_\_\_\_

**I am available [Please check all times you are available]**

	Monday		Tuesday		Wednesday		Thursday		Friday
	AM		AM		AM		AM		AM
	PM		PM		PM		PM		PM

**I am available: [Please mark your location choices]**

Castle Pines Area	Castle Rock Area	Franktown Area	Highlands Ranch Area
Larkspur Area	Lone Tree Area	Parker Area	Roxborough Area
Sedalia Area			

Comments: \_\_\_\_\_

\_\_\_\_\_

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