



PILOT CLUBS OF WOOD COUNTY
Mineola, Quitman, Winnsboro

PROJECT LIFESAVER APPLICATION

Application Date: _____

APPLICANT INFORMATION:

Name: _____ Phone # _____
(Last) (First) (MI)

Street Address: _____ Mailing Address: _____

City: _____ County: Wood State: Texas Zip: _____

Qualifying Brain – Related Disorder: _____

Attending Physician: _____ Phone # _____

CAREGIVER INFORMATION:

Name: _____ Home Phone # _____
(Last) (First) (MI)

Street Address: _____ Mailing Address: _____

Work Phone # _____ Cell Phone # _____

City: _____ County : _____ State: _____ Zip: _____

ALTERNATE CONTACT: _____ Home Phone # _____
Name: (Last) (First) (MI)

Work Phone # _____ Cell Phone # _____

Waiver of Liability

I understand that the Pilot Clubs of Wood County, individually and /or collectively, are only an intermediary and I freely agree to hold the Pilot Clubs of Wood County, both individually and collectively, blameless of any and all fault.

I further agree to provide a current photo (within last 2 months) of the applicant to be used for identification purposes.

AGREED AND EXECUTED THIS _____ OF _____, _____
(day) (month) (year)

Signature: _____ Signature: _____
CAREGIVER DATE PROJECT LIFESAVER WITNESS DATE

Return completed form to:

Joyce Curry, President
Wood County Pilot Clubs' Project Lifesaver
P. O. Box 3 Mineola, TX 75773
903-850-2121