| Home for the Holidays PROMOTION APPLICATION form Enter to Win a trip to visit a family member(s) in the Continental United States | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MILITARY Applicant Information | | | | | | | |
| Name (Last): | | | | Name (First): | | | Phone: |
| Current address: | | | | | | | |
| City: | | | | State: | | | ZIP Code: |
| Email: | | | | | | | |
| MILITARY SERVICE | | | | | | | |
| Military Branch: | | | | | | | |
| Division Unit: | | | | | | | Tenure: |
| City: | | | | State: | | | ZIP Code: |
| Primary Specialty: | | | | Leave Start Date: | | | Leave End Date: |
| family member or SIGNIFICANT other COMPLETING application on behalf OF MILITARY member | | | | | | | |
| Name (Last): | | | Name (First): | | | | Phone: |
| Current address: | | | | | | | |
| City: | | | | State: | | | ZIP Code: |
| Relationship: | | | | | Email: | | |
| Promotion QUESTIONNAIRE | | | | | | | |
| Please describe in 500 words or less “What does home means to you?” | | | | | | | |
| Destination Location: | FL  CA  TX  GA  PA  IL  MD  NJ  OH  MI  MA  VA  NC  AZ  WA  NY Other: | | | | | | |
| Please mark Yes or No, and list the title of each meritorious or outstanding service accomplishment(s). | | | | | | | |
| Veteran Status: | | | | | Military Reserve Status: | | |
| Decorations:  Yes or  No  Title:  Title:  Title: | | | | Citations:  Yes or  No  Title:  Title:  Title: | | | In Theatre:  Yes or  No |
| Medals:  Yes or  No  Title:  Title:  Title: | | | | Campaign Ribbons awarded or authorized:  Yes or  No  Title:  Title:  Title: | | | If yes location(s) and Date(s): |
| Badges:  Yes or  No  Title:  Title:  Title: | | | | List Number of Tours: | | |
| Please indicate if financial hardship PROHIBITS you from going home for the holidays: Yes or  No | | | | | | | |
| If yes, please describe in 100 words or less the importance of winning this award means to you: | | | | | | | |
| If no, please describe in 100 words or less the importance of winning this award means to you: | | | | | | | |
| Will you require accommodations for overnight stay?  Yes or  No | | | | If yes, please indicate number of overnight accommodations are requested”  Circle the Number of nights:  1  2  3  4  5 | | | |
| Will you require ground transportation to and from International Airport to Final Destination?  Yes or  No | | | | | | | |
| Address of Final Destination: | | | | City: | | | Zip Code: |
| MILITARY Leave | | | | | | | |
| Number of Days Leave: | | Requested: | | | | Accrued: | |
| The DA31 form “Requested and Authority Leave” is approved by all applicable authority?  Yes or  No  Please be advised if the aforementioned form is not approved a copy of the approved form must be provided before the final award may be granted. | | | | | | | |
| Signatures | | | | | | | |
| I hereby acknowledge, understand and agree to the official rules, terms and conditions of the Home for the Holidays Promotion offered by and between Sutter Homes Winery and the Veterans Business Outreach Center. The said Promotion consists of a series of successive contests and will be conducted in stages (“Stages”). First Stage: the electronic submission period for Application Forms to VBOC will be from August 1, 2015 through September 15, 2015 by 11:59 pm Pacific Standard Time (PST) applications must be electronically submitted to admin@vbocix.org. Up to five (5) eligible Winners will receive a Travel Prize to be redeemed during the period from November 1, 2015 to January 2, 2016. Second Stage: the electronic submission period for Application Forms to VBOC will be from October 1, 2015 through December 31, 2015 by 11:59 pm (PST). Up to twenty (20) eligible Winners will receive a Travel Prize to be redeemed anytime from February 1, 2016 through December 31, 2016. The Approximate retail Value (ARV) of each Travel Prize shall not exceed twenty-five hundred dollars ($2,500.00). Each eligible awardee must comply with the Uniform Code of Military Justice (UCMJ), and agree to provide an authorized DA Form 31 “Request and Authority for Military Leave”; and is currently serving as a military personnel, active duty, reservist or guard member. | | | | | | | |
| Signature of applicant: | | | | | | | Date: |
| Signature of family member or significant other: | | | | | | | Date: |