

CANDIDATE APPLICATION

Name	Branch			
Address	HOME OF THE CHICAGO WH			
City		_ State	Zip	
Hometown				
Phone Number ()	Email			AOF
Dates of Service		Rar	nk	

*****Please provide a copy of your DD214 if no longer active duty.*****

Please list **deployment** locations and dates.

Please provide a brief **biography** detailing your military service, including job responsibilities.

Please list awards and decorations, in order of significance.

1					
2					
5					
Availability:	April	May	June		
	July	August	September		
Do you require a wheelchair and/or accessible seating?					
Please let us know if you are unable to ascend and descend two flights of stairs.					
Please email to: <u>heroofthegame@chisox.com</u> OR					

Please mail to: Chicago White Sox; Attn: Hero of the Game; 333 W. 35th Street; Chicago, IL 60616