



VETERANS HONOR FLIGHT OF SOUTHERN ILLINOIS VETERAN APPLICATION

Honor Flight recognizes American veterans for your sacrifices and achievements by taking you to Washington, DC to see YOUR memorial at no cost. Top priority is given to terminally ill veterans from all wars, WWII veterans, and Korean War veterans. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at Honor Flight. For further information, please contact us at www.veteranshonorflight.org.

YOUR FULL NAME: _____ NICK NAME: _____
Last First Middle (For use on name badge)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

EMAIL: _____ WEIGHT: _____ SHIRT SIZE: S M L XL XXL XXXL

DATE OF BIRTH: ____/____/____ Have you participated in Honor Flight before? YES NO

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

ALTERNATE CONTACT (son, daughter, etc): NAME: _____

PHONE: _____ EMAIL: _____ RELATIONSHIP: _____

Alternate & Emergency contacts **should not** be the same person.

EMERGENCY CONTACT INFORMATION (someone not flying with you who can be contacted on flight day)

NAME: _____ RELATIONSHIP _____

PHONE: _____ EMAIL: _____

SERVICE HISTORY (A copy of your DD-214 MUST be attached to this application to be processed)

BRANCH: _____ DATES OF SERVICE: ____/____/____ through ____/____/____

CONFLICT: WWII KOREAN WAR VIETNAM WAR GULF WAR

GUARDIANS

Each veteran on Honor Flight is assigned a guardian, regardless of age or medical situation. Due to the nature of our operation, it is extremely important we know if you have a person you wish to serve in this role. If you have a preferred guardian, they must be listed on this form AND complete a separate Guardian Application on our web site or via mail-in form. A guardian CANNOT fly if we do not have a Guardian Application on file for them by the deadline established for that flight. Guardians must be approved by our board of directors and attend guardian training prior to the flight.

Guardians must also pay the guardian fee. For complete information visit www.veteranshonorflight.org. Your spouse/significant other is not eligible to serve as a guardian.

Do you have a preferred guardian for your flight? YES NO

If yes, what is your preferred guardian's full name: _____

GUARDIAN ASSIGNMENT

I only wish to fly with guardian (provide full name): _____

I will fly with a guardian assigned by Veterans Honor Flight

PLEASE REVIEW & SIGN

The undersigned acknowledges and agrees that:

I further state that medical insurance is the responsibility of the veteran and I understand that Honor Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

The full name and date of birth listed on this application match exactly with government issued photo ID carried by the veteran. I understand I may not be allowed to fly if a discrepancy exists in this information due to flight security pre-screening.

SIGNED: _____
Veteran Signature

DATE: _____

MAIL FORM TO:

**Veterans Honor Flight of Southern Illinois
ATTN: Veteran Applications
10400 Terminal Dr., Suite 200
Marion, IL 62959**

Veterans Honor Flight of Southern Illinois departs from Marion, IL.

INTERNAL USE ONLY

Date Received: _____

WebWare Processed By: _____

DD-214 Received: _____

Service Dates Verified: _____

RANK: _____

HOMETOWN: _____