

## Veteran Application

Honor Flight recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at NO COST. Top priority, for which we are currently accepting applications only, is given to WWII and terminally ill veterans from all wars. In the future, Honor Flight will be expanded to include Korean and Vietnam veterans. In order for Honor Flight to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. 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 and America Supports You Texas.

Your Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
(As it appears on your ID for airline travel)(If applicable)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Weight \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you hear about Honor Flight? \_\_\_\_\_

Tee Shirt Size (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

### Alternate Contact (son, daughter, etc)

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information: (Contact Person the Day of Travel)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Service History: Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Home Town (From which city and state did you enter the service?) \_\_\_\_\_

Activity during WWII - Korea - VN:

Medical: Information provided will NOT disqualify you. It permits us to assess the support we need during the trip. Information is for Honor Flight, America Supports You Texas and Medical Personnel only.

Do you use mobility equipment? Yes No \_\_\_\_\_ if Yes Please circle device:

Cane Walker Wheelchair Scooter

Medications you are taking and how often?

Medication	Taken How Often	Medication	Taken How Often
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Do you have drug allergies? \_\_\_\_\_ Please List: \_\_\_\_\_

Do you have a history of Seizure? YES or NO

If YES, when was your last seizure? \_\_\_\_\_

(If within past 5 years, we strongly suggest you discuss this trip with your private physician!)

Do you have problems with motion sickness (sea or motion)? \_\_\_\_\_ Controlled with medication? \_\_\_\_\_

Do you have any breathing problems? \_\_\_\_\_ If, YES, Describe: \_\_\_\_\_

Do you use a home nebulizer machine? \_\_\_\_\_ Do you use oxygen at any time? \_\_\_\_\_

**You will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.**

Do you have a problem walking the length of a football field without assistance? \_\_\_\_\_ If YES, please describe your condition (ie, lung problems, arthritis, heart problem etc. \_\_\_\_\_

Do you have a history of open head injuries, sinus problems, or ear problems? \_\_\_\_\_, if yes have you flown since the injury or problem has occurred?\_\_\_\_\_ if yes, did you have any complications?\_\_\_\_\_ Please describe:\_\_\_\_\_

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Even with a positive flying experience since your injury or problem, we ALWAYS suggest you discuss this trip with your private physician.

Do you have a urostomy or colostomy bag? \_\_\_\_\_ If yes, please insure your bag is properly vented prior to travel. If you are unsure if your bag is vented, discuss this with your private physician.

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

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**Please review carefully and sign:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, his or her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight Program. I hereby release the photographer, Honor Flight, and America Supports You Texas from all claims of liability relating to said photographs. I hereby give my permission for my images captured during Honor Flight activities through video, photo or other media to be used solely for the purpose of Honor Flight and America Supports You Texas promotional materials and publication, and waive any rights or compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the veteran and I understand that Honor Flight or America Supports You Texas 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 or America Supports You Texas responsible for any injuries by me while participating in the Honor Flight Program.

**Signed:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Please submit this signed and completed form to:**

**ASY Texas - South Plains Chapter  
PO Box 94787  
Lubbock, TX 79493**

**For more information, please call or E-mail:  
(806) 790-4635  
asytxlubbock@gmail.com**