

VETERAN APPLICATION



North Country Honor Flight ("Honor Flight ") recognizes American Veterans for your sacrifices and achievements by taking you to Washington D.C. to see YOUR memorials at no cost. Top priority is given to WWII, Korean and terminally ill Veterans from all wars.

Applicant Information

Name: First, middle and last name (as it appears on your driver's license or government ID)

Nickname (If applicable)

Age

Date of Birth

M F
Gender (circle)

S M L XL 2XL 3XL
Tee Shirt Size (circle)

Your Weight (for flight manifest)

Address

City

County

State

Zip

Phone

Cell Phone

Email Address

Service Information

Branch of Service

Dates of Service

Your Era (circle one): WORLD WAR II KOREAN WAR VIETNAM COLD WAR OTHER

We will ask for your DD 214 (Certificate of Release or Discharge from Active Duty) papers.

Do You have your DD 214? YES NO

Alternate Contact & Guardian Information

Contact's Name

Contact's relationship to Veteran

Contact's Phone

Contact's Cell Phone

Contact's Email Address

Guardian's Name

Guardian's relationship to Veteran

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Medical Information

MEDICAL INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. It permits us to assess the support we may need during the trip. Information is for Honor Flight and medical personnel only.

Do you use mobility equipment: **YES** **NO** Do you use Oxygen: **YES** **NO**

If YES, please circle device used: **Cane** **Walker** **Wheelchair** **Scooter**

MEDICATIONS

Please note any additional concerns:

ALL TRAVELERS: **A valid, unexpired government-issued photo ID is required for air travel. Please be sure to bring your ID with you to the airport. THE NAME ON THE ID MUST MATCH THE NAME YOU'VE PROVIDED ON THIS APPLICATION. After October 1, 2020, only the Enhanced or Real ID (or Passport) will be accepted to travel on a flight.**

Disclaimer and Signature

PLEASE REVIEW AND SIGN:

The Undersigned acknowledges and agrees that:

1. I hereby give 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 promotional material, publications, social media and website, and waive any rights or compensation or ownership thereto.
2. I understand that Honor Flight does not provide insurance.

SIGNED: _____

DATE: _____

Please submit this application to:

North Country Honor Flight, Inc.
P.O. Box 2644
Plattsburgh, NY 12901