

**NORTH COAST HONOR FLIGHT
WORLD WAR II / KOREAN WAR VETERAN APPLICATION**

Thank you for contacting NORTH COAST HONOR FLIGHT. We look forward to flying you to Washington DC to visit the memorials honoring **your** service to our nation. The flight, Washington transportation and hotel and meals will be provided **free** to our veterans. Currently, we plan to depart from ~~Gwngne~~ on Thursday, Cr t. 46th, 2016 and return ~~Uwpf c{~~, Cr t. 49th. You will be informed of specific flight date and take off time when you are placed on the aircraft manifest. For further information, please contact us at 707-822-7251.

YOUR NAME: _____ NICKNAME: _____
(As it appears on your ID for airline travel)

ADDRESS: _____ City _____ State, Zip _____

PHONE: Day _____ Night _____ Cell _____

Date of Birth: _____ WEIGHT: _____ TEE SHIRT SIZE: S M L XL XXL XXXL

YEARS OF SERVICE: From "aaaaaaa To aaaaaaa ""Dtanchaaaaaaaaa ""Tcprnlaaaaaaaaaa ""POWA""Y I""P""

YOUR ACTIVITY DURING YOUR SERVICE _____

EMERGENCY CONTACT (someone available the day you travel)

NAME: _____ Relationship: _____

PHONE: Day _____ Night _____ Cell _____

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT YOU WILL NEED DURING THE TRIP.

If you use mobility equipment please circle the device: Cane Walker Wheelchair

Can you walk the distance of a football field? Y N

MEDICATION	HOW OFTEN	MEDICATION	HOW OFTEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have **drug allergies**? ____ Do you have a history of **seizure**? ____ If yes, what type _____

When was your last seizure? _____ Do you experience **motion sickness**? aaaaaaa

Do you use **oxygen** at any time? _____ If yes, how often? _____

Do you have a history of: **open head injuries, sinus problems or ear problems?**'haaaaaaaa

Do you have a **urostomy or colostomy bag?** aaaaaa""If yes, ensure the bag is vented prior to flight.

Additional comments or concerns: ""

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/her or her image may appear in a public forum to acknowledge, promote or advance the work of the **Honor Flight** program. I hereby release the photographer and **Honor Flight** from all claims and 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 for the purposes of **Honor Flight** promotional material and publications 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** 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.

SIGNED:aa""F ATE: aaaaaa laaaaa laaaaa

**Please submit completed form to: North Coast Honor Flight
P.O. Box 1105
Arcata, CA 95518
sjustus@ars-insurance.com**