

# 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 Eureka on Thursday, June 4th, 2015 and return Sunday, June 7th. 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 \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_ POW? Y / N

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? \_\_\_\_\_

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? \_\_\_\_\_

Do you have a urostomy or colostomy bag? \_\_\_\_\_ 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: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please submit completed form to:**

**North Coast Honor Flight**

**P.O. Box 1105**

**Arcata, CA 95518**

**or email to: [sjustus@ars-insurance.com](mailto:sjustus@ars-insurance.com)**