



REGISTRAR
Honor Flight Rochester, Inc.
PO BOX 16585
Rochester, NY 14616

GUARDIAN REGISTRATION FORM

Please complete and remit this form within FIVE DAYS of receipt to REGISTRAR address above

Print Your Name: _____ Date of Birth: _____

Exactly as it appears on your driver's license or passport

MM/DD/YYYY

***** Effective May 3, 2023 Real ID, Enhanced Driver License or Passport is required for Airline travel*****

E-Mail Address: _____ Cell Phone Number: (____) _____

Shirt Size: Small Medium Large XL 2XL 3XL Name for Nametag: _____

Please list any dietary restrictions: _____

Print Your Veteran's Name: _____ Relationship: _____

My Guardian Donation

- | | |
|--|---|
| <input type="checkbox"/> Enclosed check or money order payable to: Honor Flight Rochester | <input type="checkbox"/> \$300 – minimum donation |
| <i>Or</i> | <input type="checkbox"/> \$400 |
| <input type="checkbox"/> Process donation by debit or credit card | <input type="checkbox"/> \$500 |
| ▪ Log onto www.honorflightrochester.org | <input type="checkbox"/> \$600 – cost to Honor Flight |
| ▪ Click “make a donation” button | <input type="checkbox"/> \$750 |
| ▪ Click “donate” button | <input type="checkbox"/> \$1000 |
| ▪ Click “donate with PayPal” or “donate with debit or credit card” | <input type="checkbox"/> Other: _____ |
| ▪ Please enter “Guardian” in the optional field | Thank you! |

Guardian Responsibilities:

1. I will be the eyes, ears, and hands for my Veteran and be present at all times.
2. I will help ensure the safety, enjoyment, and respect of all Veterans.
3. I will make sure that my Veteran drinks plenty of fluids and accompany him/her to the restroom.
4. I will remind my Veteran to take medications as prescribed.
5. I will assist my Veteran on and off the bus, and push my veteran in a wheelchair as needed.
6. I will stay with the group at all times.
7. I will attend the mandatory Guardian Orientation on the Friday evening before the trip.

Honor Flight Rochester, Inc. does NOT provide medical services. Insurance is my personal responsibility. I am fit to fulfill the physical duty of a Guardian. I agree to all conditions as set forth.

I also hereby release the photographer and Honor Flight from all claims and liability relating to images of participants appearing in a public forum such as the media or on a website to acknowledge, promote and advance the work of Honor Flight.

Signature: _____ Date: _____

(rev 4/30/2021)