



# VETERAN HONOR FLIGHT APPLICATION

Please complete and submit on line at [www.honorflightrochester.org](http://www.honorflightrochester.org)

Or complete and mail to

Honor Flight Rochester, Inc. ATTN: REGISTRAR

PO Box 16585, Rochester NY 14616

**PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR LICENSE OR PASSPORT**

Name \_\_\_\_\_  
Last First MI Gender (M or F)

Address \_\_\_\_\_  
Number Street City/Town State Zip code Date of Birth

E-Mail Address \_\_\_\_\_  
( ) ( ) Primary Phone Cell Phone

Alternate Contact Info \_\_\_\_\_  
Name Relationship Phone

## MY HEALTH STATUS

I can go up and down stairs:  Without assistance  With assistance  Not at all

Do you use oxygen at any time?  Yes How often/flow rate/when? \_\_\_\_\_

When we are ready to schedule you for your flight, more detailed health questions will be asked. However, do you have any health concerns that could impact your ability to take your Honor Flight if too much time were to pass (i.e., cancer diagnosis)? Please explain:

## MY SERVICE HISTORY

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

Service Timeframe:  WWII  Cold War  Korean War  Vietnam  Other: \_\_\_\_\_

Service Years (From) \_\_\_\_\_ (To) \_\_\_\_\_ Service Activity: \_\_\_\_\_

Are there any other veterans you would like to travel with?  Yes Name(s): \_\_\_\_\_

## PLEASE REVIEW THE STATEMENT BELOW CAREFULLY AND SIGN HERE:

### I acknowledge and agree that:

- As photographic and video equipment are frequently used to document Honor Flight trips and Events, I understand images of veterans may appear in a public forum, such as web site and media to acknowledge and promote the work of Honor Flight.
- I hereby release the photographer and Honor Flight from all claims relating to said photographs. I give my permission for my images captured during Honor Flight activities and waive any rights of compensation or ownership.
- I further acknowledge that medical insurance is the responsibility of the veteran, and understand that neither Honor Flight nor the provider of aircraft provides medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on the behalf of Honor Flight responsible for any injuries I may incur while participating in the Honor Flight Program

Signature: \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_



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Honor Flight Rochester, Inc. PO Box 16585 Rochester NY 14616

Tel (585) 210-2115 [www.honorflightrochester.org](http://www.honorflightrochester.org)

Honor Flight Rochester recognizes you, an American Military Veteran and hero to us, by inviting you on your Honor Flight to Washington, DC.

On this trip, you will visit and reflect at the memorials built to honor your service and sacrifice. We do this at absolutely no cost to you! Our invitation is extended to all honorably discharged veterans of WWII, Korean War, Vietnam War veterans, Cold War veterans, and any veteran with a catastrophic illness. Veterans are assigned to Honor Flight missions in order of their service, and then by the date the application is received.

**Each veteran designates a Guardian** to travel with, provide mobility assistance and help ensure a safe, memorable and rewarding experience for each of you.

- You may invite a family member, friend, son, daughter or grandchild, or have an Honor Flight volunteer serve in this role.
- Guardians must be between the ages of 18 and 70, to help ensure that they have the physical capability and stamina.
- Spouses and significant others cannot serve as Guardians.
- Guardians are asked to pay for their own travel expenses. A minimum of \$300 partially covers the cost of the flight, meals, hotel, shirt, and charter bus seat. Veterans and Guardians share a double occupancy hotel room.

## MY GUARDIAN

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone/cell-phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**OR**

Please assign an Honor Flight volunteer to travel with me as my Guardian.

## About an Honor Flight Rochester Trip to Washington, DC

Our missions are an overnight trip, departing from the Greater Rochester International Airport early on Saturday, and returning home on Sunday about mid-day. We fly into Baltimore BWI Airport, and then board three deluxe charter buses. A transport wheelchair is provided for every veteran.

Our typical tour in Washington will likely stop at the following memorials. Lunch is served at the Navy Yard and Museum.

- World War II Memorial, Korean War Memorial, Vietnam War Memorial
- Lincoln Memorial, Air Force Memorial, Marine Corps Memorial, Women in Service Memorial
- Arlington National Cemetery for Changing of the Guard
- Navy Yard and Museum

We spend Saturday night at the Baltimore BWI Airport Hilton. The evening's heroes program includes a banquet and socializing with the 60 or so veterans joining you on your mission. On Sunday morning after a grand buffet breakfast, we take the short bus ride back to the BWI airport and board our flight back to Rochester to a very special Welcome Home reception and ceremony.

**\*\*\* Effective October 1, 2021 Real ID, Enhanced Driver License or Passport is required for Airline travel\*\*\***

Please visit Honor Flight Rochester's website, [www.honorflightrochester.org](http://www.honorflightrochester.org) for further information and links to photographs and other details of our program. Visit TSA's website, [www.tsa.gov/real-id](http://www.tsa.gov/real-id), for further information regarding REAL ID.

**Thank you for your service to our nation!**

Upon receipt of your completed application, you will be entered into our fly list for evaluation and scheduling. We have a Spring and a Fall flying season. When it is close to time for your Honor Flight, a Veteran Registration Form will be sent to you by US Mail. You are asked to return the Veteran Registration Form to us within 5 days of receipt. Upon receipt of your form, you will receive a phone call from an Honor Flight volunteer to discuss availability and any significant health concerns.