

MID-MICHIGAN HONOR FLIGHT

VETERAN APPLICATION

WORLD WAR II ☐
(1939-1945)

KOREAN WAR ☐
(1946-1958)

VIETNAM WAR ☐
(1959-1975)

TERMINALLY ILL ☐
(Any Era)

The mission of Mid-Michigan Honor Flight is to transport **World War II, Korean War, Vietnam War** and **Terminally Ill Veterans** from any war, to Washington, D.C. to see their memorials free of charge. It is a small way to say thank you to all the brave men and women in Michigan who served our country so selflessly. To help us achieve our goal, Guardians are assigned to accompany Veterans on every flight to provide assistance and to ensure our Honorees have a safe and memorable Tour of Honor.

FULL NAME: _____
(Please print your full name as it appears on your ID)

NICKNAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

PHONE: HOME _____ CELL _____

EMAIL ADDRESS: _____

T-SHIRT SIZE: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

BRANCH OF SERVICE: _____ DATES OF SERVICE: _____

DUTIES DURING WAR: _____

INTERESTING EXPERIENCES DURING WAR: _____

MEDALS/AWARDS/COMMENDATIONS RECEIVED:

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Secondary Contact: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

ALL VETERANS OVER 70 YEARS OLD MUST BE ACCOMPANIED BY A GUARDIAN!

Are you requesting to travel with a specific *Guardian? _____ Yes _____ No

Your Guardian **MUST** have an application on file with MMHF prior to the Veteran being notified of their Honor Flight.

If yes, what is that Guardian's Name? _____

Phone: _____

*Guardians must be between 18-70 years of age, cannot be a spouse, and must have a Guardian Application on file with us before you are notified for a flight.

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. I understand that medical insurance is my responsibility and I understand that neither MMHF nor the aircraft provider provides medical coverage. .
2. I have been informed that Mid-Michigan Honor Flight strongly recommends that I discuss this trip with my private physician prior to flight date.
3. I hereby give permission for my name to be released to other veterans via a flight roster. Information provided to other veterans will include: name, phone number, hometown and branch of service.

Signature of Veteran

Date

Please mail this form to:

Mid-Michigan Honor Flight
Attn: Dena Wilson
2605 N. West Bay Shore Drive
Peshawbestown, MI 49682
dena.wilson@gtb-nsn.gov

Questions? Call our office at 231-803-4255 or visit
our web page www.midmichiganhonorflight.org