

FOR HONOR FLIGHT USE ONLY L N: \_\_\_\_\_ D R: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



# Veteran Application

*Honor Flight Northern Arizona* recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at **no cost**. Top priority is given to WW II veterans. In order for *Honor Flight Northern Arizona* to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a **safe**, memorable and rewarding experience. For what

you and your comrades have given to us, please consider this a small token of appreciation from all of us at *Honor Flight Northern Arizona*. For further information, please contact us at (928) 778-9421 or visit us at [www.honorflightnaz.org](http://www.honorflightnaz.org).

YOUR NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_  
(Name as it appears on driver's license or government ID) (If Applicable)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

HOW DID YOU HEAR ABOUT HONOR FLIGHT? \_\_\_\_\_

\_\_\_\_\_ T-SHIRT SIZE: S, M, L, XL, XXL, XXXL

SERVICE HISTORY: Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Hometown (from which city and state did you enter the service?): \_\_\_\_\_

Date entered Service and Activity During WWII: \_\_\_\_\_

### ALTERNATE CONTACT (son, daughter, etc):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

If you would like to name a specific relative or friend to act as guardian, please list his/her name and phone number. Your spouse is not eligible to act as guardian. Every effort will be made to accommodate your request.

GUARDIAN PREFERENCE? \_\_\_\_\_ PHONE \_\_\_\_\_  
(NAME)

**INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.**

Do you use mobility equipment? YES NO

If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

Do you use oxygen? YES NO

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
D M Y

Please submit this form to:

Honor Flight Northern Arizona  
ATTN: Veteran Application  
PO Box 12258  
Prescott, AZ 86304  
Or fax to: (928) 441-0608