

HF Wyoming Use Only: Last Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

***Honor Flight Wyoming***  
**VETERAN APPLICATION**

**Honor Flight Wyoming** recognizes America's veterans for your service and sacrifices by flying you to Washington, D.C. to see **YOUR** memorial – **at no cost to you**. Top priority is given to terminally ill veterans and WWII veterans that entered service prior to December 31, 1946. Guardians fly with the veterans on every flight providing assistance and helping you have an enjoyable and memorable experience. For what you and your comrades have given this country please consider this trip a small token of our appreciation.

*Information you provide is not used to exclude Veterans, it is used to enable us to prepare for your journey.*

Questions about this application, please call: (307) 772-5145

Once your application is received you will be placed on a waiting list for future trips and will receive correspondence as the planning for the trip proceeds.

You will be given at least two months notice for the trip.

YOU MUST PROVIDE YOUR FULL NAME AS IT APPEARS ON YOUR GOVERNMENT ISSUED ID AND YOUR DATE OF BIRTH FOR TSA REQUIREMENTS.

**VETERAN INFORMATION**

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_    AGE: \_\_\_\_\_    SEX:  Male  Female  
(MM/DD/YYYY)

T-SHIRT SIZE:  S  M  L  XL  XXL

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (someone we can contact when you travel):**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_ E-MAIL: \_\_\_\_\_



## MEDICAL HISTORY

Do you have any drug allergies?  Yes  No If yes, to what? \_\_\_\_\_

Do you have a history of seizures?  Yes  No If yes, what type? \_\_\_\_\_

If yes, when was your last seizure? \_\_\_\_\_

If within the last 5 years, we STRONGLY advise you to discuss this trip with your doctor.

Do you have a problem walking 100-200 yards without assistance?

Yes  No If yes, please describe the reason: \_\_\_\_\_

Do you use any mobility equipment?  Yes  No

If yes, please **circle** the device you use: Cane Walker Wheelchair Scooter

Can you bring your walker or wheelchair on the trip?  Yes  No

Do you have problems with motion sickness?  Yes  No

If yes, is it controlled with medication?  Yes  No

If not, we strongly advised you to discuss this trip with your doctor.

Do you have breathing problems?  Yes  No

If yes, please describe \_\_\_\_\_

Do you use a home nebulizer?  Yes  No

If yes, we strongly advised you to discuss this trip with your doctor concerning the use of hand-held nebulizer during the trip.

Do you use oxygen at any time?  Yes  No

If yes, describe when: \_\_\_\_\_

Oxygen will be provided; but **you must provide a copy of your prescription** with this application. We will then be able to provide the oxygen you need for the flights and while you are in Washington, D.C.

Do you have open head wounds, sinus problems, or ear problems?  Yes  No

If yes, have you flown since these problems began to occur?  Yes  No

If yes, did you have any problem flying?  Yes  No

Discuss this trip with your doctor if you have not flown since these problems occurred.

Do you use a urostomy or colostomy bag?  Yes  No

If you do not know if your bag is vented, please check with your doctor prior to the trip.

Other medical issues we should know about?

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**YOUR MILITARY SERVICE HISTORY**

DATE YOU ENTERED MILITARY SERVICE: \_\_\_\_\_

RANK: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

BRIEFLY DESCRIBE YOUR SERVICE DURING WWII: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN:**

Video and still photography will be used to memorialize and document your trip. To acknowledge and promote the work of Honor Flight, your image may appear in public forums, such as the media or our web site. By signing below, you release the photographer and Honor Flight Wyoming from any and all claims and liability related to such photographs and videos, and, you hereby give permission for such images of you to be used solely for the purpose of Honor Flight Wyoming promotional material and publications and you waive any rights to compensation and ownership thereof.

By signing below, you also affirm that you understand medical expenses will be your responsibility and Honor Flight Wyoming will not provide you any medical care. Too, you understand that you, having requested to go and voluntarily joined a group of other veterans to make this trip, accept all travel and other risks incident to it and all activities in anywise related, and you expressly promise that neither you, your heirs nor legal representatives will make any liability, injury or damage claims of any sort or kind against Honor Flight Wyoming and those individuals and companies associated with it for any misfortunes that may arise.

Also, the Honor Flight trip begins and ends at locations designated by Honor Flight Wyoming and all veterans are expected to participate in the entire trip.

**PLEASE READ CAREFULLY. IF THERE ARE QUESTIONS, CALL 307-772-5145. WHEN YOU UNDERSTAND AND AGREE, PLEASE SIGN AND FORWARD.**

Veteran's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail all pages of the application to:**

**Honor Flight Wyoming  
PO Box 1143  
Cheyenne, WY 82003**