



UPPER PENINSULA HONOR FLIGHT
UP Women of Valor Flight
ALL WOMAN VETERAN FLIGHT APPLICATION ²⁴

The Mission of The Upper Peninsula Honor Flight is to transport veterans to the City of Washington, to see their memorial **free** of charge. It is a small way to say thank you to all the brave women of the Upper Peninsula who served our country so selflessly. **This is open to ANY Woman Veteran who served.**

FULL NAME: _____
Please print your First, Middle and Last Name as it appears on your ID

MAIDEN NAME: _____ Nick Name _____

ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP: _____

PHONE: HOME _____ CELL: _____

EMAIL ADDRESS: _____ DOB _____

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

BRANCH OF SERVICE: _____ DATES OF SERVICE: _____

WAR (Circle One): WWII KOREAN VIETNAM OTHER _____

PLEASE PROVIDE A **COPY** OF YOUR FORM DD214 WITH THE SSN BLACKED OUT

HIGHEST RANK : _____

DUTIES DURING SERVICE: _____

INTERESTING EXPERIENCES DURING WAR: _____

EMERGENCY CONTACT INFORMATION

CONTACT PERSON MUST BE AVAILABLE DAY OF TRAVEL

Veteran's Name: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

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

If yes, what is that Veteran Guardian's name? _____

Relationship to Veteran Guardian: _____

MEDICAL INFORMATION

The following information you provide is confidential to Upper Peninsula Honor Flight and medical personnel only. The information will **NOT** disqualify you – it is to help us assess the support we need during the trip. **You are encouraged to discuss this trip with your private physician.**

Do you use: cane _____ walker _____ wheelchair _____ scooter _____

If in a wheelchair, are you able to transfer, with assistance, onto the airplane or bus? YES NO

Do you have a problem walking the length of a football field without assistance? YES NO

Do you feel that after a full day of activities that you may need to use a wheelchair?

YES NO

Are you able to walk up 5 steps into a tour bus with hand rail assistance? YES NO

Height: _____ Weight: _____

Do you have a history of seizures? YES NO If yes, type: _____

Date of last seizure: _____

Do you have problem with motion sickness or foresee any problems while flying or on the bus tour?

YES NO

Do you have any breathing problems; use a home nebulizer or portable nebulizer?

YES NO If yes, type of nebulizer _____

Do you use oxygen at any time? YES NO

If yes, you will need your private physician to write a prescription for oxygen to be used during the flight and tour. The prescription is due **3 WEEKS** prior to flight.

Do you have a history of open head injuries, sinus or ear problems? YES NO

If yes, have you flown since the open head injury, sinus or ear problems? YES NO

If you have not flown since the open head injury, sinus or ear problems occurred, we strongly advise you to discuss this trip with your private physician.

Do you have a colostomy or urostomy bag? YES NO

If yes, please make sure the bag is vented prior to flight

Additional comments or concerns regarding Upper Peninsula Honor Flight:

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. I hereby give permission for my images captured during Upper Peninsula Honor Flight activities through video, photo, website or other media to be used solely for the purposes of Honor Flight promotional material and publications. I waive my rights of compensation and/or ownership.
2. I understand that medical insurance is my responsibility and I understand that neither Honor Flight nor the aircraft provider provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the flight provider or any person/group for any injuries incurred while participating in the Honor Flight Program.
3. I have been informed that Upper Peninsula Honor Flight strongly recommends that I discuss this trip with my private physician prior to flight date.
4. 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.
5. I hereby give permission for my name and phone number to be released to media. I understand it is my option to provide information to the media to be used in a story.

Signature of Veteran

Date

Please submit this form to:

UPPER PENINSULA HONOR FLIGHT
7542 J Rd.
Gladstone, MI 49837

Questions?? Please call:
Scott: 906-280-2871
Kim: 906-420-2911

www.uphonorflight.org

“LIKE” us on Facebook (Upper Peninsula Honor Flight)

Remember we want to make this Honor Flight as rewarding and memorable as possible for our veterans. Your safety is of utmost importance to us.