

**Leatherstocking Honor Flight
VETERAN APPLICATION**

Last Name: _____ **Date Received:** ____/____/____

Leatherstocking Honor Flight, a hub of the National Honor Flight Network, recognizes American Veterans for their sacrifices and achievements by flying them to Washington, DC to experience their Memorial at no cost. Top priority is given to WW II Veterans and a terminally ill Veteran from any war. Applications are on a first come, first serve basis. A Guardian flies with the Veteran to ensure a safe and memorable experience. Please accept this "Trip of a Lifetime" as a small token of appreciation from all of us at Leatherstocking Honor Flight.

PLEASE PRINT YOUR NAME AS IT APPEARS ON YOUR ID FOR AIRLINE TRAVEL (License, Passport, Gov't ID)

PERSONAL INFORMATION

LAST NAME: _____ FIRST: _____ MIDDLE INITIAL: _____

NICK NAME (if applicable) _____ MALE FEMALE

DATE OF BIRTH: ____/____/____ AGE: ____ T-shirt size: SM M L XL 2XL 3XL

HEIGHT: _____ WEIGHT: _____

ADDRESS: _____
City State Zip

COUNTY OF RESIDENCE: _____ Email Address: _____@_____._____

Home Phone Number: _____

Cell Phone Number: _____

MILITARY EXPERIENCE:

Branch of Service: _____ Dates: _____ Veteran of which War: _____

Please tell us about your time served...any medals received, ships, battles, aircraft, etc.

Rank or Specialty: _____

GUARDIAN INFORMATION:

Do you have a **Guardian*** you wish to accompany you on the flight? Yes No

If yes, please list person and relationship to you.

Name: _____ **Relationship:** _____ **Date of Birth:** ____/____/____

Day Phone Number: _____

Evening Phone Number: _____

***This person needs to complete a "Guardian Application"**

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EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Date of Birth: _____ / _____ / _____

Day Phone Number: _____

Evening Phone Number: _____

Name: _____ Relationship: _____ Date of Birth: _____ / _____ / _____

Day Phone Number: _____

Evening Phone Number: _____

VETERAN MEDICAL INFORMATION:

Please check all that apply:

Use Oxygen/Nebulizer Urostomy or Colostomy Bag (*vent prior to flight*)

Do you use a: Cane Walker Wheelchair Scooter

Drug or Food Allergies: _____ Do you carry an Epi-pen? Yes No

Describe: _____

Please note: None of the above medical conditions will prevent you from going on a Leatherstocking Honor Flight. We need to make sure we have appropriate means to assist with your specific needs.

If you checked any of the boxes above, we strongly recommend you discuss this trip with your doctor.

Medication List (*Please use another sheet of paper and attach to this sheet, if necessary.*)

Medication

Taken How Often

Medication

Taken How Often

Other, please describe: _____

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PERMISSION FOR VIDEO, PHOTOS, OTHER MEDIA

Photographic and video equipment are frequently used to memorialize and document Leatherstocking Honor Flight trips and events. Veterans' images may appear in a public forum, (media or website) to acknowledge, promote or advance the work of the Leatherstocking Honor Flight Program.

I hereby release the photographer and Leatherstocking Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Leatherstocking Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Leatherstocking Honor Flight promotional materials and publications and waive any rights or compensation of same.

I also understand that Leatherstocking Honor Flight does not provide medical care. I accept any risks associated with travel and other Leatherstocking Honor Flight activities and will not hold Leatherstocking Honor Flight responsible for any injuries incurred by me while participating in the Leatherstocking Honor Flight Program.

Signature / Initials

_____/_____/_____
Date:

Spouses of Veterans may not serve as "Guardians".

Kindly submit this form to:

Leatherstocking Honor Flight
PO Box 621
Cobleskill, NY 12043

If you have any questions, please email
VeteransCoordinator@LeatherstockingHonorFlightNY.org