

November 9 - 12, 2026

Veterans Day 2026

Sons of AMVETS Washington DC Bus Trip

Join the Sons of AMVETS Department of Ohio

This November, the Sons of AMVETS Department of Ohio will host our annual bus trip to Washington DC over Veterans Day. See the sites of DC over 4 days / 3 nights on this exciting trip.



Trip Information...

The Sons of AMVETS, Department of Ohio annual bus trip to Washington DC will depart on November 9th. Over the 4 days, 3 nights you will visit Flight 93 Memorial in PA, attend the Veterans Day events in Arlington National Cemetery, spend the day in DC taking in the sites, and take a night tour of Washington DC. The cost of the trip is \$400.00 per person, double occupancy. The price for additional travelers sharing the room is \$140.00.

Tuesday, November 10th will place wreaths on the National Mall Memorials followed by a free day to visit the museums, memorials and other sites in Washington. Tours of the Capital and visiting the Washington Memorial require tickets. Visit the National Parks website to purchase tickets in advance.

Trip Registration...

Registration for the trip is required with \$50.00 deposit per person, including additional travelers. Scan the code to complete the online registration, visit our website at ohsonsofamvets.org, or complete and mail the included form to:

Sons of AMVETS Dept. of Ohio
960 Checkrein Avenue
Columbus OH 43229
Phone: 614.985.3380



YOU MUST MAIL YOUR PAYMENT TO THE ABOVE ADDRESS!

Schedule

Nov 9	Depart for DC 7 am Visit Flight 93 2 PM
Nov 10	Free Day in DC 8 am to 5 PM National Mall Wreath Free Day Night Tour of DC
Nov 11	Arlington National Cemetery - 8 am
Nov 12	Depart for home 7 am Nightly Hospitality Room



Assistance for Veterans

National Sons of AMVETS and Ohio Sons of AMVETS have programs to assist veterans with the cost of this trip. Contact Ohio Sons of AMVETS for additional Information. Visit sonofamvets.org



Sons of AMVETS, Dept of Ohio
Veterans Day Bus Trip
Registration Information

Registration Information:	
Name:	Phone:
Address:	
Email:	Room: King ☐ Double ☐
Departing Location: Columbus Vermilion	
*We are interested in whether or not you are a veteran?	Yes ☐ NO ☐
If yes, thank you for your service, which years:	
Which Branch of service?	

Roommate Information

Name:	Phone:
Address:	
Email:	
Departing Location: Columbus Vermilion	
*We are interested in whether or not you are a veteran?	Yes ☐ NO ☐
If yes, thank you for your service, which years:	
Which Branch of service?	

Additional Roommates:

Name:	
*We are interested in whether or not you are a veteran?	Yes ☐ NO ☐
If yes, thank you for your service, which years:	
Which Branch of service?	

Name:	
*We are interested in whether or not you are a veteran?	Yes ☐ NO ☐
If yes, thank you for your service, which years:	
Which Branch of service?	

Please include \$50.00 deposit for each person with this form. Double occupancy is required.
Cost per registration and roommate is \$400.00 per person. The additional roommates' cost is \$140.00
per person. Final payment is due by October 25, 2026

Remit payment to: Sons of AMVETS Dept. of Ohio • 960 Checkrein Avenue. • Columbus OH 43229
• ph: (614) 985-3380 E-mail: ohiosons@ohsonsofamvets.org Web site: www.ohsonsofamvets.org

Dept of Ohio Sons of AMVETS Veterans Sponsorship Program Application Guidelines For Veterans Day Bus Trip

This program is designed to encourage veterans to participate with the Sons of AMVETS on our Veterans Day Bus Trip. All applications will be considered on a first come, first considered basis. There are limited funds for this program so be prompt if you wish a veteran to participate. Also, keep in mind to consider the health and the probability that the veteran will in fact attend the event applied for. Due to the rigors of the activities on these trips, be sure the veteran can handle them health wise.

1. Applications must be submitted at least 21 days prior to the date of the event to Department Headquarters – 960 Checkrein Ave Columbus, Ohio 43229.
2. All travel arrangements to and from the buses must be made by the Sons sponsor.
3. Upon approval of the application, a spot will be secured for the veteran, by the Department. The sponsor must confirm the attendance of the veteran, (7) seven days prior to the departure for the event. All secured lodging will be cancelled if confirmation is not received.
4. All expenses other than lodging and bus transportation will be the responsibility of the veteran or sponsor, without any reimbursement from the Department.
5. Any and all lodging expenses that the Department incurs due to any no-shows after confirmation was received will be the responsibility of the sponsor. Failure to reimburse the Department within (30) thirty working days from the end of the event will result in the membership suspension of the sponsoring Son until the incurred expenses have been repaid to the Department.
6. At least one verification for both the sponsor and the veteran listed on the application must be submitted with the application, or the application will be rejected.
7. Due to the limitation of funds for this program, applications for a veteran will not be approved for travel in back to back years unless there is low interest in the program that year. The application will be on hold until the deadline, then the veteran will be notified of approval or denial. The concept is to get as many different veterans to participate with the Sons at these events as possible.
8. All rooms secured as part of this program will be double occupancy. Veterans attending the program are expected to room with either their Sponsor or another Veteran. When filling out the form, please indicate if there is a preferred roommate.
9. The sponsoring Son will receive a telephone call confirming the application has been approved or rejected, and will be followed up with a letter stating the same. If the

application is approved, a proposed agenda stating the event dates and schedule will be forwarded to the sponsor.

The contact person for application status and to verify confirmation of the event that sponsor applied for is:

Contact Person: _____

Contact Person's Phone: _____

Contact Person's Email: _____

Address: _____

Secondary Contact Person: **Sandy Vorhies / Administrative Assistant**

Secondary Contact Person's Phone: **(614) 985-3380**

Secondary Contact Person's Email: **ohiosons@ohsonsofamvets.org**

Tertiary Contact Person: _____

Tertiary Contact Person's Phone: _____

Tertiary Contact Person's Email: _____

Please retain these application guidelines.

Dept of Ohio Sons of AMVETS
Veteran's Day
Veterans Sponsorship Application

Veteran's Name _____

Branch of Service _____

Service Dates _____

Verification – (copy of DD214, Discharge, VA Card, or current Membership Card of a Veterans organization must be attached to the application.)

Post Affiliation (if any) _____

Veteran's Signature _____

Sons Sponsor Name _____

Sons Sponsor Phone No. Home _____

Cell _____

Sons Sponsor Address (Print legibility)

Email Address _____

Squadron Affiliation _____

Department Affiliation _____

Verification – (Copy of Membership Card must be attached.)

Name of preferred roommate _____

☐

No preference, please
assign me a roommate

Sons Sponsor Signature _____