

[Office Use Only- Last Name: _____]

Date Rec'd: Month/date/year]



Honor Flight CAK Only 2009 Veteran Application



Date Call 3: Confirm/LM/Other:

*Honor Flight Network recognizes American veterans for their service to our country by flying them to Washington, D.C. to tour the memorials dedicated to our soldiers, among them the WWII Memorial. This trip is provided to each veteran at no cost. Top priority is given to our WWII veterans as well as any veteran from any war that is terminally ill. Guardians will be provided to assist you on your flight and throughout the day. This application places you on our list only. **FLIGHTS ARE FILLED ON A FIRST COME, FIRST SERVED BASIS!** We will contact you when a flight becomes available.*

We do not accept donations from WWII veterans prior to their flight!

Name: _____ (as it appears on your ID for airline travel)

Street Address: _____

City/State/Zip: _____ County: _____

Phone- Day: _____ Evening: _____ Cell: _____

Service History-

Branch of Service: _____ Highest rank at end of service: _____

Brief history of service (including years of service):

T-shirt size: S M L XL XXL XXXL

Weight: _____

Birth Date: _____

Age: _____

Medical Information: *The information provided will not disqualify you. It permits us to assess the support we need during the trip. Information is for Honor Flight CAK personnel only.*

Date Call 2: Confirm/LM/Other:

	Yes	No	If yes, please explain:
I have motion sickness.			
I have breathing problems.			
I use a home nebulizer machine.			<i>Discuss the use of hand-held nebulizers before the trip with your physician.</i>
I use oxygen.			<i>Prescription required for flight!</i> <i>We will provide oxygen according to airline regulations.</i>
Alzheimer's			
I use a colostomy or urostomy bag.			<i>If yes, bag is required to be vented prior to flight.</i>
I am a diabetic.			
I have a pacemaker.			
I have had previous heart conditions.			
I use a cane, walker, wheelchair			
Other			

Date Call 1: Confirm/LM/Other:

Office Use Only: G.R./

(Please fill out other side completely)

Alternate Contact (son, daughter, etc):

Name: _____

Street Address: _____

City/State/Zip: _____

Phone- Day: _____ Evening: _____ Cell: _____

How did you hear about Honor Flight CAK? _____

If you would like to travel with other veterans, please list them below.

You will be placed on the list according to the last application received! If possible, send them in together.

Please review carefully, sign and return to the address below:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight CAK trips and events, my image may appear in a public forum, such as the media or website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Honor Flight CAK from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight CAK activities through video, photo, or other media, to be used solely for the purpose of Honor Flight promotional materials and publications, and waive any rights or compensation or ownership thereto.

2. I understand and acknowledge that medical insurance is the responsibility of me, the veteran, and that Honor Flight CAK does not provide medical care. I accept all risks associated with travel and other Honor Flight CAK activities and will not hold Honor Flight CAK responsible for any injuries incurred by me while participating in the Honor Flight program.

Signed: _____ Date: _____

Signature: _____ Date: _____

Please submit this form to our **New Address**:

Honor Flight CAK Inc.
Veteran Application
567 E. Turkeyfoot Lake Rd.
Akron, OH 44319

Valerie Street Kinney (330) 413-3224
Exec. Director

Annette Davis (330) 413-3226
CAK Treasurer

Karen Null (330) 416-0750
For Applications

*Our goal is to get all veterans to their memorial as soon as possible.
Please remember, all seats on the plane are provided for veterans and guardians only.*