

FOR HONOR FLIGHT USE ONLY: Last Name _____

Date Received _____

Requested Veteran _____

Date Trained _____

Fly Request _____

HONOR FLIGHT CLEVELAND

Veteran Application

Honor Flight Cleveland recognizes American Veterans for their sacrifices and achievements and is proud to fly them to Washington DC to see THEIR memorials at no cost to the Veteran.

NAME _____
(as it appears on your government issued ID, driver's license or passport – Must bring with you to travel)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (DAY) _____ (Evening) _____ (Cell) _____

EMAIL ADDRESS _____ Date of Birth _____

T SHIRT SIZE (S, M, L, XL, XXL, XXXL) _____ Weight _____

Service History: Branch of Service _____ Period of Service _____

Rank _____ Duty Station _____

Alternate Contact (son, daughter, friend) _____

Alternate Contact phone number _____ email _____

Do you wish to travel with this person or another particular guardian? If so, please provide their name _____

Spouses are not eligible to be guardians. Guardians must be between 18-70 years old

Do you wish to travel with another Veteran or Veterans? If so, please provide their names _____

Please sign on the back of this form

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. As photographs and video equipment are frequently used to memorialize and document *Honor Flight Cleveland* trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the *Honor Flight Cleveland* program. I hereby give permission for my images captured during *Honor Flight Cleveland* activities through video, photo or other media, to be used solely for the purpose of *Honor Flight Cleveland* promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I understand that *Honor Flight Cleveland* travels with a medical professional but they do NOT provide medical care. I understand that I accept all risks associated with travel and other *Honor Flight Cleveland* activities and will not hold *Honor Flight Cleveland* responsible for any injuries or illness incurred by me while participating in the *Honor Flight Cleveland* Program.
3. In order to be have complimentary parking, you must park in the airport garage.

Sign x _____ Date _____

Please submit this form to:

Honor Flight Cleveland
P.O. Box 119
Elyria, Ohio 44035
honorflightcleveland@outlook.com