

## MID-MICHIGAN HONOR FLIGHT VETERAN APPLICATION

WORLD WAR II (1939–1945) ☐

KOREAN WAR (1946–1958) ☐

VIETNAM WAR (1959–1975) ☐

TERMINALLY ILL (Any Era) ☐

The mission of Mid-Michigan Honor Flight is to transport **World War II, Korean War, Vietnam War and Terminally Ill Veterans** from any war to Washington, D.C. to see their memorials **free of charge**. It is a small way to say thank you to all the brave men and women in Michigan who served our country so selflessly. To help us achieve our goal, Guardians are assigned to accompany Veterans on every flight to provide assistance and to ensure our Honorees have a safe and memorable Tour of Honor.

FULL NAME: \_\_\_\_\_

(Please print your full name as it appears on your ID)

NICKNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

T-SHIRT SIZE: S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ XXL \_\_\_\_ XXXL \_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_

DUTIES DURING WAR: \_\_\_\_\_

INTERESTING EXPERIENCES DURING WAR:

MEDALS/AWARDS/COMMENDATIONS RECEIVED:

### EMERGENCY CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**ALL VETERANS OVER 70 YEARS OLD MUST BE ACCOMPANIED BY A GUARDIAN!**

**Are you requesting to travel with a specific \*Guardian?** \_\_\_\_ Yes \_\_\_\_ No

Your Guardian MUST have an application on file with MMHF prior to the Veteran being notified of their Honor Flight.

If yes, what is that Guardian's Name? \_\_\_\_\_

Phone: \_\_\_\_\_

\*Guardians must be between 18–70 years of age, cannot be a spouse, and must have a Guardian Application on file with us before you are notified for a flight.

**TRIBAL HONOR FLIGHT PARTICIPATION OPTIONS**

We understand that each Tribe may have a different number of Veterans interested in participating in the Honor Flight. To provide flexibility, Tribes may choose either of the following sponsorship options.

☐ **Full Tribal Sponsorship — \$25,000**

Support the Honor Flight through a full Tribal sponsorship contribution of \$25,000.

☐ **Individual Participant Sponsorship — \$1,800 per person**

Sponsor one or more individuals at \$1,800 per person without committing to the full Tribal sponsorship amount.

Tribe: \_\_\_\_\_

Number of individuals sponsored: \_\_\_\_\_

Total sponsorship amount: \$ \_\_\_\_\_

Tribal contact name: \_\_\_\_\_

Phone / email: \_\_\_\_\_

*Note: This sponsorship selection section is separate from the Veteran Application and does not replace any required application materials.*

**PLEASE REVIEW CAREFULLY AND SIGN**

The undersigned acknowledges and agrees that:

1. I understand that medical insurance is my responsibility and I understand that neither MMHF nor the aircraft provider provides medical coverage.
2. I have been informed that Mid-Michigan Honor Flight strongly recommends that I discuss this trip with my private physician prior to flight date.
3. 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.

\_\_\_\_\_  
Signature of Veteran

\_\_\_\_\_  
Date

**Please mail this form to:**

Mid-Michigan Honor Flight  
Attn: Dena Wilson  
2605 N. West Bay Shore Drive  
Peshawbestown, MI 49682  
[dena.wilson@gtb-nsn.gov](mailto:dena.wilson@gtb-nsn.gov)

Questions? Call our office at 231-803-4255 or visit our web page [www.midmichiganhonorflight.org](http://www.midmichiganhonorflight.org)