



# Western ND Honor Flight Travel Companion Application

This form is for the Veteran's travel companion to fill out and return to Western ND Honor Flight.

Veteran's Name: \_\_\_\_\_

Travel Companion's Full Name: \_\_\_\_\_  
**\*PROVIDE A COPY OF PHOTO ID\***

Travel Companion's Date of Birth: \_\_\_\_\_  
\*needed for airline security purposes\*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Relationship to Veteran: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ MALE or FEMALE  
(circle one)

**TRAVEL COMPANION EMERGENCY CONTACT INFORMATION**  
someone available while you are on the trip

Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Travel Companion Fee: The fee for a travel companion is \$1,200.00, which will cover airline, hotel, bus and meals. The fee will be paid at the pre-flight meeting or if you unable to attend that meeting, please mail it to the address below.

Address  
Western ND Honor Flight  
PO Box 265  
Bismarck ND 58502

Ver. October 2023