



ACCEPT or DECLINE FORM

THIS FORM MUST BE RETURNED BY: _____ (2 WEEKS)

_____	_____	_____
First Name	Middle Name	Last Name

***AS IT APPEARS ON YOUR PHOTO ID* (this is used for airline purposes)**

1. Please check one of the following:

I will join you on the _____ Flight.

If there is another Veteran that you know who is going on this trip, and you would like to sit next to on the plane or to room with, please indicate here.

Merchandise Information: Please circle your sizes if joining us on this flight.

T-Shirt Size:	S	M	L	XL	2XL	3XL	4XL
Jacket Size:	S	M	L	XL	2XL	3XL	4XL

MALE or FEMALE
(circle one)

I will not be able to join you on the _____ Flight.

If you are not able to join us, please let us know:

I would like to be considered for the next flight.

I would like my name removed from the list permanently.

2. May we release your name, address, and phone number to other Veterans on the flight? Yes _____ No _____