



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.

Is there another Honor Flight Veteran that you would like to be on this flight with you?
If so, who?

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 OR No