



For Honor Flight Use Only:

Last Name: _____

Date Received: _____

APPLICATION FOR WESTERN ND HONOR FLIGHT

FIRST NAME

MIDDLE NAME

LAST NAME

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

Which war/conflict/service period are you a Veteran of?

(WII, Korea, Vietnam, Berlin Crisis, Desert Storm, GWOT, Other) _____

What years did you serve? _____

Branch of Service: _____ Rank: _____

Birth date: _____ Age: _____ Nickname: _____

Male: _____ Female: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

Phone Day: _____ Evening: _____ Cell: _____

Email Address: _____

If you do not have an email address, provide an email address of a family member

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

Jacket Size: S M L XL 2XL 3XL 4XL

Do you have a **TERMINAL ILLNESS**? YES or NO

Describe your illness: _____

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

If so, who? _____

ALTERNATE CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Day: _____ Evening: _____ Cell: _____

Email: _____

PLEASE RETURN COMPLETED APPLICATION TO: Western ND Honor Flight
P.O. Box 265
Bismarck, ND 58502

For questions or concerns, please call the Western ND Honor Flight at (701) 805-9552.