



# VETERAN APPLICATION

*Badger Honor Flight* recognizes American Veterans for their sacrifices and achievements by flying them to Washington D.C. to their memorials at **no cost**. At this time, we are **ONLY** accepting applications from Veterans of World War II, Korea, Vietnam and terminally ill Veterans from **all** wars. For further information, please contact us at (608) 616-0243 or visit our website [www.badgerhonorflight.org](http://www.badgerhonorflight.org)

YOUR INFORMATION				
Full Name			Nickname	
Address		City	State	Zip
Phone Number	Cell Phone		County	
Email Address			Age	DOB
Preferred Departing Airport <input type="checkbox"/> Madison <input type="checkbox"/> Milwaukee <input type="checkbox"/> La Crosse <input type="checkbox"/> Appleton <input type="checkbox"/> Wausau <input type="checkbox"/> Duluth				

YOUR MILITARY SERVICE	
War/Conflict(s)	<input type="checkbox"/> World War II (Dec 7, 1941- Dec 31, 1946) <input type="checkbox"/> Korean War (Jun 25, 1950 – Jan 31, 1955) <input type="checkbox"/> Vietnam War (Feb 28, 1961 – May 7, 1975) <input type="checkbox"/> Other _____
<i>Anyone serving in the US military ANYWHERE at ANY TIME in ANY BRANCH during the above dates is a veteran of the war/conflict.</i>	
Branch of Service	Rank
Dates of Service	
Activities During War	
Travel With Request (If Any)	
<i>Subject to approval based on each Veteran's spot on the Waiting List.</i>	

REQUESTED GUARDIAN (NON-SPOUSE) Accompanies Veteran on flight; Must be 18-69 and in good physical condition			
Full Name		Relationship to Veteran	
Address		City	State
Phone Number		Cell Phone	County
Email Address		Age	DOB

ALTERNATE CONTACT Someone who does NOT live with you. May also be the guardian.	
Full Name	
Relationship to Veteran	
Phone Number	Cell Phone

MEDICAL INFO PROVIDED WILL NOT DISQUALIFY YOU, BUT HELPS US SUPPORT YOU DURING THE TRIP. BHF MEDICAL PERSONNEL WILL CONTACT YOU WITH ADDITIONAL QUESTIONS.	
Do you use oxygen at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you use mobility equipment? (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter
How far can you walk down a plane aisle?	<input type="checkbox"/> Unable <input type="checkbox"/> A few rows <input type="checkbox"/> Halfway (~15 rows) <input type="checkbox"/> Entire Length (~34 rows)
Any additional health concerns we should know about:	

**PLEASE REVIEW CAREFULLY AND SIGN**

SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please submit this form to:**  
 Badger Honor Flight  
 ATTN: Veteran Application  
 PO Box 258066  
 Madison, WI 53725