



# VETERAN APPLICATION

*Badger Honor Flight* recognizes American Veterans for their sacrifices and achievements by flying them to Washington D.C. to visit their memorials at **no cost**. If you served in the US military anywhere, at any time, in any branch, in any component, from December 7, 1941 to July 31, 1991 or are a terminally ill Veteran from **any** war/conflict, you are eligible for an Honor Flight. 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 Number		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"/> Lebanon/Grenada (Aug 24, 1982-Dec 15, 1983)			
<input type="checkbox"/> Korean War (Jun 25, 1950 – Jan 31, 1955) <input type="checkbox"/> Panama (Dec 22, 1989 – Feb 13, 1990) <input type="checkbox"/> Other _____			
<input type="checkbox"/> Vietnam War (Nov 1, 1955 – May 07, 1975) <input type="checkbox"/> Desert Storm (Aug 2, 1990 – July 31, 1991)			
<i>If you served in the US military ANY WHERE, at ANY TIME, in ANY BRANCH from December 7, 1941, to July 31, 1991, you are eligible for an Honor Flight.</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>			

GUARDIAN (Non-Spouse or Significant Other) Accompanies Veteran on flight. Must be 18-69 and must meet BHF Guardian Requirements as listed on our website.			
Full Name		Relationship to Veteran	
Address		City	State Zip
Daytime Phone Number	Cell Phone Number		County
Email Address		Age	DOB

EMERGENCY CONTACT	
Full Name	Relationship to Veteran
Daytime Phone Number	Cell Phone Number

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