

Honor Flight of Middle Tennessee Veteran APPLICATION

Honor Flight recognizes American Military Veterans for their sacrifices and achievements by flying them to Washington, D.C. to see THEIR War Memorials at no cost.

In order for Honor Flight to achieve this goal, Guardians fly with the Veterans on every flight providing assistance, and helping Veterans have a safe, memorable, and rewarding experience.

Top priority is given to World War II, Korean War and terminally ill veterans from all wars.

Vietnam Veterans may apply and will be considered if there are open seats after all terminally ill, World War II and Korean War veterans who apply have been seated on each flight. Vietnam veterans may be offered open seats on flights based on the date their applications were received.

For what you and your fellow veterans have given us, please consider this a small token of appreciation from all of us at Honor Flight. A Doctor and Nurses also travel on each flight, to ensure your well-being.

For additional information, send us a message through our Website (www.honorflightmidtn.org) Contact Form or call **1-833-HONORUS**

Instructions

INSTRUCTIONS FOR COMPLETING YOUR HONOR FLIGHT APPLICATION: * PLEASE READ EACH LINE ITEM THOROUGHLY, THEN COMPLETE!

Complete each line of this application in its entirety, i.e., first, middle & last names.

*Please reflect TOTALLY accurate information, i.e., **WILL YOU NEED A WHEELCHAIR?***

(You will be required to walk at least 3 MILES during the day) If you have any questions, please contact us.

NOTE- AFTER YOU SUBMIT YOUR APPLICATION YOU WILL NOT RECEIVE ANY FURTHER INFORMATION UNTIL APPROXIMATELY FOUR WEEKS PRIOR TO THE FLIGHT DATE, AT WHICH TIME YOU WILL RECEIVE A LETTER STATING THAT YOU WILL BE ON BOARD FOR THE NEXT FLIGHT DATE, AND AT LEAST ONE TELEPHONE CALL FROM THE PERSON WHO HAS BEEN ASSIGNED AS "YOUR GUARDIAN" FOR THAT DAY.

VERY IMPORTANT - IF FOR ANY REASON YOU ARE UNABLE TO FLY ON THAT DATE, PLEASE CONTACT US IMMEDIATELY SO WE MAY ARRANGE FOR A FELLOW VETERAN TO FILL YOUR SEAT, 1-833-466-6787.

(WE PAY FOR THE AIRLINE SEATS IN ADVANCE, AND ARE UNABLE TO RECOUP ANY FUNDS FOR UNFILLED SEATS). IF YOU WERE TO CANCEL DUE TO A HEALTH ISSUES, WE WILL SIMPLY SCHEDULE YOU FOR THE NEXT SCHEDULED HONOR FLIGHT!

IMPORTANT INFORMATION

- **THE NATIONAL HONOR FLIGHT HEADQUARTERS HAS RULED THAT A SPOUSE MAY NOT ACCOMPANY THEIR VETERAN, ON AN HONOR FLIGHT.**
- **A GUARDIAN TO SERVE YOU THROUGHOUT THE DAY WILL BE PROVIDED, HOWEVER IF YOU ARE A MOBILITY LIMITED VETERAN YOU MAY RECOMMEND A "GUARDIAN" TO SERVE YOU, PLEASE CONTACT THE FOLLOWING PERSON IMMEDIATELY!**

**COL Trey Brannom, USA, Ret., GUARDIANS
SCHEDULING COORDINATOR HONOR FLIGHT OF
MIDDLE TENNESSEE**

**HonorFlightMidTNGuardian@protonmail.com or (615)
971-1700.**

Wheelchairs

**• WE WILL SUPPLY YOUR WHEELCHAIR FOR THE DAY, IF
YOU HAVE REQUESTED ONE! PLEASE DO NOT BRING
YOUR PERSONAL WHEELCHAIR WITH YOU FOR THE
FLIGHT!**

Vietnam Veterans

**IMPORTANT - “VIETNAM VETERANS” MAY APPLY AND
MAY BE ACCEPTED ON A CASE BY CASE BASIS!**

Photos

**PLEASE NOTE! A PHOTOGRAPHER WILL TAKE PHOTOS
DURING THE TRIP IF YOU WOULD LIKE TO RECEIVE
PICTURES TAKEN OF YOURSELF DURING “YOUR
SPECIAL DAY” IN WASHINGTON, D.C. YOU “MUST”
INCLUDE AN E-MAIL ADDRESS ON THIS APPLICATION
FOR US TO SEND THE DIGITAL PHOTO FILES LINK TO!**

Photo ID

**IMPORTANT -A government issued real photo ID is required to
fly and for admission to Arlington National Cemetery and Ft.
Myers. Please provide a copy of your state drivers license with
this application.**

DD Form 214

**We do not require a copy of your DD 214, it is optional to submit
a copy with your application.**

**Honor Flight of Middle Tennessee
Veteran APPLICATION**

YOUR FULL NAME:

**(As it appears on your drivers license or government issued photo
ID card) NICK NAME (if Any) For ID Badge:**

DATE OF BIRTH:

ADDRESS:

CITY: _____

STATE: _____ **ZIP CODE** _____

PHONE: Day _____

Evening _____

Cell _____

E-Mail Address: _____

WEIGHT:

HEIGHT

AGE:

HOW DID YOU HEAR ABOUT THE HONOR FLIGHT?

POLO SHIRT SIZE: (S M L XL XXL XXXL)

ALTERNATIVE CONTACT (Spouse, son, Daughter, etc.)

NAME: _____

PHONE: _____

E-MAIL: _____

RELATIONSHIP: _____

EMERGENCY CONTACT INFORMATION

(someone available the day of travel)

Name: _____

Relationship: _____

Address: _____

Phone: Day _____

Evening _____

Cell _____

YOUR SERVICE HISTORY: BRANCH OF SERVICE:

Army_Navy_Marines_____Air Force_____Coast Guard _____Merchant
Marine_____Public Health Service NOAA_____

HIGHEST RANK: _____

Overseas Service Locations: _____

MILITARY SERVICE DATES: _____

HOME TOWN (city and state you entered the service from)

MEDICAL:

INFORMATION PROVIDED WILL NOT DISQUALIFY!

IT PERMITS US TO ASSESS THE SUPPORT WE NEED TO PROVIDE
YOU DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND
HONOR FLIGHT MEDICAL PERSONNEL ONLY.

DO YOU USE MOBILITY EQUIPMENT? YES / NO.

If YES, please circle the device used:

CANE WALKER WHEELCHAIR SCOOTER

**DO YOU REQUEST A WHEELCHAIR ON THE DAY OF THE
FLIGHT?**

**(PLEASE BE TRUTHFUL, FOR LATER REQUESTS CAUSE
LOGISTICAL PROBLEMS FOR THE STAFF)**

YES_____NO_____

**NOTE: YOU WILL BE REQUIRED TO WALK APPROXIMATELY
4 MILES OR MORE DURING THE DAY!**

MEDICATION(S) NAME AND HOW OFTEN TAKEN?)

Do you have any drug allergies?

Do you have any drug allergies?

Do you have a history of seizures? **YES / NO**. If **YES**, please describe what type (grandmal, petitmal, other)

Do you have problems with motion sickness? **YES / NO**. If **YES**, is it controlled with medication? **YES / NO**

If motion sickness is not controlled with medications, it is **STRONGLY** encouraged to discuss the trip with your private physician!

Do you have any breathing problems? **YES / NO**. If **YES**, please describe

Do you have a home nebulizer machine? **YES / NO**. If **YES**, you are **STRONGLY** encouraged to discuss the trip with your private physician concerning the use of a portable hand-held nebulizer during the trip.

IMPORTANT -Do you use oxygen at any time? **YES / NO**.

Will you need Oxygen on the trip? **YES / NO**

If **YES** you will be contacted about the specific FAA and airline requirements for use of oxygen on flights and our arrangements for your oxygen use in DC.

Do you have a history of open head injuries, sinus or ear problems?

YES / NO.

If **YES** have you flown since the open head injury, sinus/ear problems occurred? **YES / NO.**

If **YES**, did you have any problems? **YES / NO**

If **YES**, it is **STRONGLY** encouraged that you discuss the trip with your private physician.

Do you have a urostomy or colostomy bag? **YES / NO.**

If **YES**, please make sure the bag is vented prior to the flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician. Additional comments or concerns: _____

Do you smoke? _____

Are you in the Veteran's Health Care System? _____

ANY ADDITIONAL INFORMATION OUR MEDICAL STAFF SHOULD BE AWARE OF? _____

WHERE WOULD YOU PREFER TO MEET OUR CHARTERED BUS?

MANCHESTER _____

MURFREESBORO _____

OR AT THE NASHVILLE AIRPORT _____
(SOUTHWEST AIRLINES)?

PLEASE CIRCLE ONE OF THE ABOVE!

RECOGNIZED SERVICE DATES:

WORLD WAR II; 7 December 1941-31 December 1946

KOREAN WAR; 27 June 1950-31 January 1955

VIETNAM WAR; 5 August 1964 (28 February 1961 for Veterans who served "in country" before 5 August 1964) through 7 May 1975

PLEASE REVIEW CAREFULLY, AND THEN SIGN (BELOW):

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for images captured during Honor Flight promotional material and publications and waive any rights or compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the Veteran and I understand that Honor Flight does NOT provide medical care: I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

3. Do you agree to allow your contact information and/or photos of the flight released to your fellow attendees and to the local newspapers?

YES _____ / NO _____

SIGNED:

DATE: _____ / _____ / _____

PLEASE SUBMIT YOUR COMPLETED APPLICATION TO:

HONOR FLIGHT OF MIDDLE TENNESSEE

PO BOX 1926

TULLAHOMA TN 37388-1926

1-833-466-6787

Revised 11 May 2026