



For HFC Use Only: Last Name _____ Date Rec'd: _____/_____/20____

HONOR FLIGHT AT HOME - MARION

Honor Flight Columbus (HFC) recognizes America's senior Veterans for their sacrifices and achievements by flying them to Washington D.C. to see their memorials. We realize not every veteran is able to make this trip. We honor your service to our country, and we would like to invite you to a local Honor Flight at Home event. If you are interested in attending, please fill out this application and mail it to the address listed below. **Currently, HFC recognizes any Veteran age 65 and over with at least one day of active-duty service.**

FIRST		MIDDLE		LAST		What is your PREFERRED NAME?	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		AGE		BIRTHDAY Month/Day/Year			
POLO SHIRT SIZE			EMAIL ADDRESS				
ADDRESS							
CITY				STATE		ZIP	
PHONE		DAY		EVENING		CELL	

SERVICE HISTORY

Please circle all applicable: World War II: 1941-1946, Cold War: 1947-1950, Korean War: 6/27/50 to 1/31/55, Cold War: 1955-1961, Vietnam War: 2/28/61 to 5/7/75, Post Vietnam

Branch of Service: Army Navy Marine Air Force Coast Guard Merchant Marine

Details about your service: Where, When, and What did you do?

EMERGENCY OR OTHER CONTACT INFORMATION

NAME		RELATIONSHIP	
EMAIL		PHONE	

Please review carefully and sign: **This event is only for Veterans that have not been on an Honor Flight trip and who are unable to fly to Washington DC. Participation in the event is in lieu of flying. The undersigned acknowledges and agrees:**

1. Photographic, video, and audio equipment are frequently used to create media to memorialize and document HFC missions, trips, and events. My image may appear in a public forum (websites, news, or print media, for example) to acknowledge, promote, and advance the mission of the HFC program. I hereby release HFC, all media creators, staff, volunteers, and HFC partners from all claims and liability relating to said media. I hereby give permission images captured of me during HFC activities through video, photo, or other media, as it is used for the purposes of HFC promotional material and publications, at HFC's sole discretion, and waive any rights of compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the veteran and I understand that HFC does not provide medical care. I understand and accept responsibility for any illnesses or injuries incurred while participating in the Honor Flight at Home program sponsored by Honor Flight Columbus.

SIGNATURE		DATE	
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Please mail this application to: Margie Saull, 2406 Owens Rd W, Prospect, OH 43342
 For more info contact Margie Saull at 740-360-8902 or saullgw4@yahoo.com