The Permian Basin Honor Flight recognizes American Veterans for their sacrifices and achievements by flying them to Washington, DC to see the memorials built in their honor. Top priority is given to WWII and those who may be terminally ill who served in other wars. This Honor Flight will also include (given availability) Korean and Vietnam Veterans and selected Gold Star Families. In order for Permian Basin Honor Flight to achieve this goal, volunteer Guardians will be required to pay their portion of the trip, as well as travel at the Veteran’s side throughout the flight providing assistance, and helping Veterans participate in all activities of this rewarding experience. All Veterans, however, will have their complete cost covered by donation from this great community, even if they serve as a Guardian for a senior Veteran. However, Veterans who are over the age of 75, Veterans who need walking assistance of any kind, and Veterans in a wheelchair must have a "participating" (paid or Veteran who meets requirements) Guardian to be eligible.

PERSONAL INFORMATION

Name: ________________________________
(As it appears on your government ID for airline travel)
Nickname: ______________________________

Address: ______________________________
City: __________________ State: ____________ Zip Code: ____________
Height: ________ Weight: ____________ Age: ____________ Birthday: ____________
Home Phone: _________________________ Work Phone: _________________________ Cell Phone: _________________________
E-Mail Address: _________________________

PLEASE PROVIDE YOUR TEE SHIRT SIZE: [ ] S [ ] M [ ] L [ ] 1XL [ ] 2XL [ ] 3XL [ ] 4XL

HOW DID YOU HEAR ABOUT THE PERMIAN BASIN HONOR FLIGHT? ________________________________

EMERGENCY CONTACT DURING TRAVEL

Name: ________________________________ Relationship: ________________________________
Address: ______________________________
City: __________________ State: ____________ Zip Code: ____________
Home Phone: _________________________ Work Phone: _________________________ Cell Phone: _________________________
E-Mail Address: _________________________

SERVICE HISTORY

[ ] WORLD WAR II [ ] KOREA [ ] VIETNAM [ ] DESERT STORM/GULF [ ] IRAQ [ ] AFGHANISTAN
BRANCH OF SERVICE: [ ] AIR FORCE [ ] ARMY [ ] AIR CORPS [ ] COAST GUARD [ ] MARINES [ ] NAVY RANK: ____________
HOME TOWN (FROM WHICH CITY AND STATE DID YOU ENTER THE SERVICE?) ________________________________
MILITARY DEPLOYMENT? ________________________________

ARE YOU A COMBAT VETERAN? [ ] Yes [ ] No

HAVE YOU EVER BEEN ON AN HONOR FLIGHT BEFORE? [ ] Yes [ ] No

IF SO, WHAT DATE? __________________________________ FROM WHERE? ________________________________

IS YOUR FAMILY A GOLD STAR FAMILY? [ ] Yes [ ] No

ARE YOU WILLING TO BE A GUARDIAN FOR ANOTHER VETERAN? [ ] Yes [ ] No

(432) 803-0542 www.permianhonorflight.org info@permianhonorflight.org
MEDICAL INFORMATION

This information helps us to assess the support we may require on the trip. Information is for Honor Flight and Medical Personnel Only and will not be shared. (Honor Flight requires a great deal of walking; if you need assistance, we must know ahead of time so that we can plan accordingly.)

(Please attach additional sheet, if needed.)

Do you use mobility equipment? ☐ Yes ☐ No

If yes, what device? ☐ cane ☐ walker ☐ wheelchair

Are you able to walk 1/2 mile without assistance? ☐ Yes ☐ No

If no, please describe your condition: (e.g., lung problems, arthritis, heart problems, etc.) ________________________________

______________________________

Medications you are taking and how often?

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose &amp; How Often</th>
<th>Medication</th>
<th>Dose &amp; How Often</th>
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Do you have drug allergies? ☐ Yes ☐ No

If yes, please list: ________________________________

Do you have a history of seizures? ☐ Yes ☐ No

If yes, date of last seizure? ________________________________

(If within the past 5 years, you need to discuss this trip with your private physician!)

Is sea or motion sickness a problem for you? ☐ Yes ☐ No

Controlled with medication? ☐ Yes ☐ No

Do you have any breathing problems? ☐ Yes ☐ No

If you have a history of open head injuries, sinus problems, or ear problems? ☐ Yes ☐ No

If yes, have you flown since the injury or problem has occurred? ☐ Yes ☐ No

If yes, have you had any complications? Please describe: ________________________________

Even with a positive flying experience since your injury or problem, we always suggest you discuss this trip with your private physician.

Do you have a urostomy or colostomy bag? ☐ Yes ☐ No

If yes, please ensure your bag is properly vented prior to travel. If you are unsure if your bag is vented, discuss this with your private physician. This will be checked prior to boarding and non-vented bags will not be allowed on the plane.

GUARDIAN INFORMATION

Are you taking a guardian with you? ☐ Yes ☐ No

Did they complete the guardian application? ☐ Yes ☐ No

Name: __________________________ Relationship: __________________________

Home Phone: __________________ Work Phone: __________________ Cell Phone: __________________

E-Mail Address: __________________

Signature: __________________________ Date: __________________________

I understand by submitting this application I am granting permission to the Permian Basin Honor Flight and their representatives to contact the person listed in the event of an emergency or as deemed necessary on my behalf.

Please submit form with copy of DRIVERS LICENSE or PHOTO ID

By Mail to:
Permian Basin Honor Flight
PO Box 52890, Midland, TX 79710-2890

By E-Mail, preferred "PDF" format:
(PBHF is NOT responsible for information sent in Non-PDF format)
pbhonorflight@yahoo.com

Staff use only: Veteran Name: __________________________ Guardian Name: __________________________ Date Rec: __________________________