



HONOR FLIGHT APPLICATION

Honor Flight and the Electric Cooperatives of South Carolina recognize America's World War II heroes for your sacrifice and achievements by flying you to Washington, DC to see YOUR memorial at no charge. This Honor Flight is scheduled for April 11, 2012. The one-day trip departs Columbia Airport at 7:30 a.m. and returns at 7:00 p.m. Honor Flight's mission is to ensure every WWII Veteran is given the opportunity to experience this special tribute to your service to our country. **Please submit application by March 1, 2012.**



Date of Birth: ____/____/____ (Month/Day/Year)

Official Name _____ Nick Name: _____

Address: _____ City & Zip Code: _____

Phone (Day): (____) ____ - ____ (Evening) (____) ____ - ____ (Cell) (____) ____ - ____

Occupation: _____ Branch of Service: _____

Operating Force (Fleet, Division, Brigade, etc..) _____

Rank at time of retirement: _____

Activity during WWII: Atlantic ____ Pacific ____ Both ____ Other _____

Hometown: _____

MEDICAL INFORMATION: Information about your medical needs will NOT disqualify you. It permits the physicians and nurses accompanying the flight to prepare and support any needs you may have. Honor Flight and the Electric Cooperatives of South Carolina will not share your medical information.

Do you use mobility equipment? Yes ____ No ____

Might you need a wheelchair at any time during the trip? Yes ____ No ____

Please list any drug allergies: _____

Do you have a history of seizures? Yes ____ No ____ If yes, type: _____

If your last seizure occurred within the last five years, you MUST discuss this trip with your physician prior to submitting this application.

Do you use oxygen? Yes ____ No ____

You must submit your physician's prescription for your oxygen for the flight at the time you submit this application. Honor Flight of South Carolina will provide the oxygen based upon the prescription.

If you use a Nebulizer, you MUST discuss this trip with your physician prior to submitting this application. A prescription for the nebulizer must accompany this application. Honor Flight of South Carolina will provide a portable machine if you do not have one.

If you have a urostomy or colostomy bag, you will need to bring an extra as a precaution.



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Please list ALL of your medications

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional health-related comments or concerns:

Alternate/Emergency Contact (son, daughter, etc.)

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Phone (Day): (____) ____ - ____ (Evening) (____) ____ - ____ (Cell) (____) ____ - ____

E-Mail: _____

Guardians play a significant role on every Honor Flight, physically assisting veterans at the airport, during the flight and at the memorials.

Will you need the assistance of a guardian? Yes _____ No _____

You are a member of which electric cooperative? _____

Who referred you to Honor Flight? _____

T-Shirt Size: XXXL ___ XXL ___ XL ___ L ___ M ___ S ___

Please review and sign: I, the undersigned, acknowledge and agree that, as photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, I grant permission for my image, voice and/or likeness to appear in any public forum, such as the media or Honor Flight promotional material. I hereby waive any rights, compensation or ownership thereto.

Furthermore, I acknowledge that medical insurance is my responsibility. I understand that Honor Flight and the Electric Cooperatives of South Carolina do NOT provide comprehensive medical care or medical insurance. It is my responsibility to discuss medical issues with my physician prior to the trip. I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight or the Electric Cooperatives of South Carolina responsible for any injuries incurred by me while participating in this program.

Date: ____/____/____ (Month/Day/Year)

Print Name: _____

Signature: _____

Please submit form to: Honor Flight

For telephone inquiries: 803-739-3024

Electric Cooperatives of SC

To apply online: www.scliving.coop

808 Knox Abbott Dr.

Cayce, SC 292033