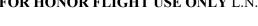
FOR	HONOR	FLIGHT	USE	ONLY	L.N.:





GUARDIAN APPLICATION

D.R.:

Honor Flight would not be successful without the generous support of our guardians. Guardians play a significant role on every trip, ensuring that every veteran has a safe and memorable experience. Duties include, but are not limited to, physically assisting the veterans

at the airport, during the flight and at the memorials. Guardians must be between the ages of 18 and 64 and be one generation (15 years) removed from the veteran. Applicants between 65-69 years of age may be considered with a medical review from one of our doctors. In addition, spouses and significant others may not serve as guardians. Guardians should be intellectually, physically and emotionally capable of caring for their veteran. Guardians are responsible for a \$500 "guardian donation." For further information, please contact us at (262) 238-7740 or www.starsandstripeshonorflight.org.

NAME:(Please list your First, Middle and Last Name as it appears on you			NICK NAME:_	photo I.D.) NICK NAME: (If Applicable)				
ADD	DRESS:							
	Y:			ZIP:				
		EVENIN	IG:	CELL:				
E-M	AIL ADDRESS:		DATE OF BIR	RTH:				
occ	CUPATION:		_ ARE YOU A VETERAN? _	YES	NO			
1.	Please list one (1) emergency	contact:						
•		Relationship to applicant:						
			Evening:					
2.	What is the name of the veteran you will be traveling with? (Please note that a completed veteran application also must be submitted.)							
3.	Are you able to push a veteran in a wheelchair up a slight incline? Yes No.							
4.	Gender (circle one): M	Weight:	Shirt Size: (S, M, I	L, XL, XXL, XXXL) _				
SIGNATURE: *By signing this document, you attest that you are the person name.			DATE:	/	-4.41. ·			
*By s	signing this document, you attest that mation provided is true and accurate.	you are the person name	ed in this application (or their authori	zed representative) and th	iat the			

Stars and Stripes Honor Flight, Inc., reserves the right, at its sole discretion, to refuse, deny or reject any applicant or application for any reason at any time from participating in our mission.

Please mail this form to:

Stars and Stripes Honor Flight, Inc. **ATTN: Guardian Application** P.O. Box 526 Port Washington WI 53074-0526

OR Fax to: 262-546-5656 Or Scan and Email to: sshfwi@gmail.com