

APPLICATION INSTRUCTIONS



Thank you for your service.

Please follow these instructions to complete and submit applications.

STEP 1: SAVE this Honor Flight Application Form to your desktop.
(Note: Do not begin filling out this form until it is saved to your desktop.)

STEP 2: COMPLETE the form in one of the following ways:

Option 1: Complete the Honor Flight Application Form by hand:

- Open the Honor Flight Application Form PDF.
- Print a hard copy.
- Complete the application by hand and sign.

Then...

- Mail the completed application to the address below.

Or...

- Scan the completed application.
- Save the scan as a PDF and include your name in the file name (i.e. SmithJohn-Veteran-Application.pdf).
- Attach the scanned document to an e-mail and send to the e-mail address below.

Option 2: Complete the Honor Flight Application Form electronically:

- Open the Honor Flight Application Form PDF.
- Complete the application electronically by tabbing through and typing into the boxes provided.
- Save the PDF with a new file name (i.e. SmithJohn-Veteran-Application.pdf).

Then...

- Print the completed application and sign.
- Mail the completed application to the address below.

Or...

- Attach the completed application to an e-mail and send to the e-mail address below.
(Note: E-mail applicants will be required to sign prior to actual trip date.)

STEP 3: SUBMIT the completed Honor Flight Application Form along with the
Covenant Not to Sue and Indemnity Agreement...

Via Mail to: Greater St. Louis Honor Flight, Inc.
36 Four Seasons, Box 272
Chesterfield, MO 63017

Via E-mail to: info@gsllhonorflight.org

VETERAN APPLICATION

Optional ways to use this form:

1. Print a copy, handwrite, sign and mail
2. Print a copy, handwrite, sign, scan and E-mail
3. Type into boxes on form, save PDF and E-mail



PERSONAL INFORMATION (as it appears on Photo ID)

LAST NAME FIRST FULL MIDDLE NICKNAME

D.O.B. AGE T-SHIRT SIZE: SM M L XL 2XL 3XL 4XL

ADDRESS CITY STATE ZIP COUNTY

HOME PHONE CELL PHONE E-MAIL ADDRESS

Have you been to see your Memorial in Washington, D.C.? Yes No

If yes, when and with whom?

Are you requesting travel with specific veteran(s) or guardian, if possible? Yes No

If yes, please name the veteran(s):

Please name the guardian:

(Note: Veterans and/or Guardian listed above must fill out and submit separate applications)

ALTERNATE CONTACT (SON, DAUGHTER, CAREGIVER)

EMERGENCY CONTACT (IF DIFFERENT) *Note: Must be available day of flight*

NAME

NAME

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

PHONE

PHONE

ALTERNATE PHONE

ALTERNATE PHONE

RELATIONSHIP

RELATIONSHIP

SERVICE HISTORY

BRANCH DATES OF SERVICE RANK

THEATER WAR ACTIVITY

MEDALS / AWARDS

SIGNATURE DATE

(Note: E-mail applicants will be required to sign prior to actual trip date)

