



VETERAN APPLICATION

AmericanWarrior.us wants to recognize WWII Veterans for your sacrifices and achievements by flying you to Washington, DC to see the World War II Memorial at **NO COST**. In order for us to achieve this goal Guardians fly with the Veterans on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at American Warrior. For further information, please visit www.AmericanWarrior.us or call 860-886-1874 for more information.

PLEASE FILL IN ALL INFORMATION, SOME IS NEEDED FOR AIRLINE TICKETS

FIRST NAME: _____ MI _____ LAST NAME: _____

NICKNAME: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DAY PHONE # _____ - _____ - _____

EVENING PHONE: _____ - _____ - _____ CELL PHONE: _____ - _____ - _____

EMAIL: _____

APPLICATION DATE: _____ WEIGHT: _____ AGE: _____

DOB: _____ HOW DID YOU HEAR ABOUT US? _____

CONTACT INFORMATION (Someone available the day you travel)

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

FULL ADDRESS: _____

PHONE: _____ - _____ - _____ CELL: _____ - _____ - _____

ALTERNATE CONTACT (son, daughter, friend)

NAME: _____ PHONE: _____ - _____ - _____

SERVICE HISTORY

BRANCH OF SERVICE: _____ RANK: _____ T-SHIRT SIZE: _____

HOMETOWN ENLISTED FROM: _____ STATE: _____

DATES OF SERVICE: _____ PLEASE CIRCLE: WWII - KOREA - VIETNAM

CONTINUED ON BACK PAGE

ACTIVITY DURING WWI

I _____

DO YOU HAVE ANY DRUG ALLERGIES? _____

HISTORY OF SEIZURES? _____ **IF YES, WHAT TYPE:** _____

Do you have a breathing problem? **yes/no** If yes, describe:

Do you require Oxygen? **yes/no** **Portable hand held nebulizer?** **yes/no**

Do you have a walking problem waking the length of a football field? **yes/no** If yes, describe:

Do you have any open head wounds, sinus problems or ear problems? **Yes/No**

If Yes, have you flown since the head injury, sinus problem or ear problem? **Yes/no**

Do you have a urostomy or colostomy bag? **Yes/No.** If yes, please make sure th bag is vented prior to flight. Additional comments and concerns

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. We will take pictures and video to document our trip to Washington DC. These pictures may appear on our website or elsewhere. I hereby release the AmericanWarrior.us from all claims and liability relating to said photographs. I hereby give permission for my images captured during AW activities through video, photo, or other media, to be used solely for the purposes of American Warrior promotional materials and publications, and waive any rights or compensation of ownership thereto.
2. I further state that medical insurance is the responsibility of the Veteran and I understand that AmericanWarrior.us does not provide medical care. I understand that I accept all risks associated with travel and other AW activities and will not hold American Warrior responsible for any injuries incurred by me while participating in their program.

Signed: _____ **Date:** _____ / _____ / _____

Send application by email to sue@americanwarrior.us

mail: American Warrior, P O Box #337, 35 Main St, Versailles CT 06383