



Veteran Application

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First Name (as you wish it to appear on your name tag) *

Last Name

Age *

current age

Email Address

Home Phone *

Cell Phone

Address - Street *

Address - City *

Address - State *

Please enter as VA, WV, etc.

Address - Zip *

Shirt Size *

Select an option

Branch *

Select an option

Rank *

Service History *

What era did you serve?

Select an option

Dates of Service *

Activity

Please briefly describe your activities during your service.

Emergency Contact *

Contact Phone *

Emergency Contact relationship

Spouse, son, daughter, etc.

Mobility *

Do you use mobility equipment?

Select an option

Lift Bus *

Are you able to climb the stairs of the bus with some assistance? ("No" means you require a wheelchair lift.)

Medical History

Please list any significant medical history (heart condition, diabetes, seizures, etc.)

Family Guardian?

Check this box if you wish to have a family member accompany you on this trip.

**Spouses of Veterans CANNOT be their guardian.

All guardians must be under 65 years old, in good health, and able to push a wheelchair all day.

Family Guardian Name

Trip Departure Location *


Do you have a buddy on this trip?

Let us know if you have a friend on the trip, so that we can put you on the same bus.

Buddy Name

Submit

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