

The 9/11 Special

For \$911 you can honor a veteran for this one in a lifetime experience. The Veteran will receive a reserved Space on the trip and you have the option of going as a guardian.



“It was obvious that this day was an act of love and patriotism from each of you for us as U.S. Veterans from all fields of service.”

-Sgt. Ralph Allen (8th HonorAir Trip)

ROSWELL ROTARY CLUB HONOR AIR

Po Box 783

Roswell, GA 30076

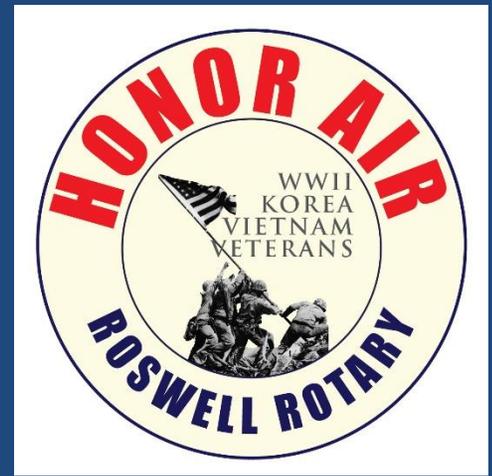
678-283-7098 (Alicia)

770-475-8116 (fax)

ahughes@wsnielsen.com

Make Checks Payable To:
Roswell Rotary Foundation
DONATIONS ARE ACCEPTED

*Guardians pay their own way
and payment must accompany
Applications.*

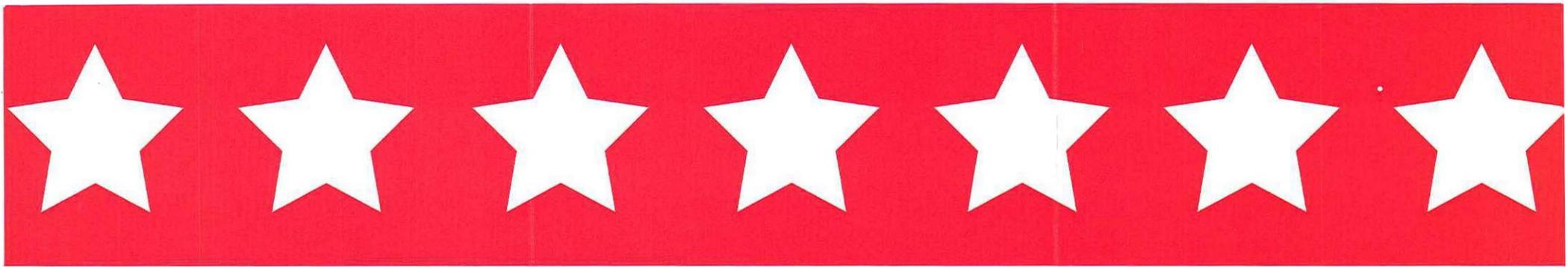


Roswell Rotary Honors Our Veterans

Download Veteran and Guardian Applications at RoswellRotary.com under “Causes and Community” “Honor Air”

Follow us on Facebook
[Facebook.com/
HonorAirAtlanta](https://www.facebook.com/HonorAirAtlanta)

April 9th, 2025



A Brief Overview of the April 9th Trip:

We leave Roswell, GA at 6am and travel on buses to Hartsfield- Jackson with an escort by the Roswell Police and the Patriot Guard Riders. We will have a TSA security setup designed for the veterans. We have a chartered plane for the day to Washington, D.C. Once we arrive at Reagan Int'l we are escorted by National Park Police to visit the WWII, Korea, Vietnam and Lincoln memorials. We finish the day at the Changing of the Guard at the Tomb of the Unknown Soldier at Arlington National Cemetery.

We depart Reagan Int'l airport and arrive back in Roswell around 10pm. There are many surprises along the way and many red carpets rolled out for those that we owe so much to. We want each of the Veterans to know that we appreciate their time and service.

Honoring Our Veterans

Due to the overwhelming success of this program and the nearly 800 veterans that Roswell Rotary has been privileged to escort to their memorials, we are proud to announce the 11th Honor Air Trip.

Eighty veterans will visit their memorials in Washington, D.C. and receive the "Welcome Home" they may have never received. We honor their service, sacrifice and commitment to the United States of America and its people.

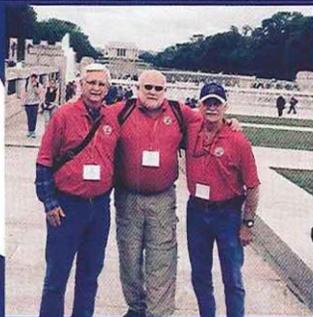
This trip is at NO COST to the Veteran and includes airfare, bus transportation, all meals and a few extras along the way! We provide wheelchairs as needed.

From our Heroes:

"I had a great time yesterday, the trip exceeded my expectations. The club did so many nice things for the Veterans." - Veteran Robert Jones

*"Being part of this trip made me feel so honored. I will remember the gratitude everyone showed me, for the rest of my life."
-Veteran Willard Odenwelder*

"It was the thank you we never got, huh Brother?" - Army Veteran Robert Howell to his Navy Veteran Brother John Howell





Veteran Application ~ April 9th 2025

Roswell Rotary Honor Air recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see **YOUR** memorial at **no cost**. **Top** priority (for which we are currently accepting applications) is given to WWII and terminally ill veterans from **all** wars. In order for **Roswell Rotary Honor Air** 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 **Roswell Rotary Honor Air**. **This flight is only open to veterans who have NEVER flown on an Honor Air Flight.** You can also visit us at www.roswellrotary.club/honor-air

YOUR NAME: _____ **NICKNAME:** _____
(As it appears on your ID for airline travel) (If Applicable)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ WEIGHT: _____ DOB: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____ T- SHIRT SIZE: (S, M, L, XL, XXL, XXXL): _____

HOW DID YOU HEAR ABOUT ROSWELL ROTARY HONOR AIR FLIGHT? _____

ARE YOU A MEMBER OF A ROTARY CLUB? _____

HAVE YOU VISITED THE D.C. MEMORIALS PREVIOUSLY _____

HAVE YOU EVER BEEN ON AN HONOR AIR FLIGHT? _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____ YEAR DISCHARGED: _____

HOME TOWN (from which city and state did you enter the service?): _____

WHICH WAR?: _____ ACTIVITY DURING THE WAR: _____

WOULD YOU BE WILLING TO FURNISH A PICTURE OF YOURSELF DURING THE SERVICE (will be returned)? _____

ALTERNATE CONTACT: (son, daughter, etc): NAME: _____

PHONE NOS.: _____ E-MAIL: _____ RELATIONSHIP: _____

EMERGENCY CONTACT INFORMATION: (someone available the day you travel):

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: Day: _____ Evening: _____ Mobile: _____ Other: _____

MEDICAL: INFORMATION PROVIDED WILL **NOT** DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use **mobility equipment**? YES NO. If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATIONS (name and how often you take it):

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any **drug allergies**? YES NO. If YES, please list: _____

Are you a cardiac patient? YES _____ NO _____ Do you carry nitroglycerin? YES _____ NO _____

Do you have a history of **seizure**? YES NO. Please describe what type (i.e. grand mal, petitmal, other): _____
When was your last seizure? _____ If within past 5 years. STRONGLY advised you discuss trip with your private physician!

Do you have problems with **motion sickness** (sea or air)? YES NO. If yes, is it controlled with medications? YES NO.
If motion sickness is not controlled with medications, it is STRONGLY advised you discuss the trip with your private physician!

Do you have any **breathing problems**? YES NO. If YES, please describe: _____
Do you use a home **nebulizer machine**? YES NO. If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen** at any time? YES NO. If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you have a **problem walking** the length of a football field without assistance? YES NO. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, knee or hip problems, etc.): _____

Do you have a history of **open head injuries, sinus problems, or ear problems**? YES NO. If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO. If YES, did you have any problems? YES NO. If YES, it is STRONGLY advised you discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we STRONGLY advise you discuss the trip with your private physician!

Do you have a **urostomy or colostomy bag**? YES NO. If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is STRONGLY advised that you discuss this issue with your private physician!

Do you have **diabetes**? YES NO. If YES, do you take insulin? YES NO. If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of insulin during the trip!

Do you have any **special dietary needs**? YES NO. If YES, PLEASE describe: _____ Additional Comments or Concerns:

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Roswell Rotary Honor Air** trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the **Roswell Rotary Honor Air** program. I hereby release the photographer and **Roswell Rotary Honor Air** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Roswell Rotary Honor Air** activities through video, photo, or other media, to be used solely for the purposes of **Roswell Rotary Honor Air** promotional material and publications, and waive any rights or compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the veteran and I understand that **Roswell Rotary Honor Air** does NOT provide medical care. I understand that I accept all risks associated with travel and other **Roswell Rotary Honor Air** activities and will not hold **Roswell Rotary Honor Air** responsible for any injuries incurred by me while participating in the **Roswell Rotary Honor Air** program.

SIGNED: _____ DATE: _____
(E-mail applicants will be required to sign prior to actual flight date)

Please submit this form to:
Roswell Rotary Honor Air
ATTN: Veteran Application
PO Box 783
Roswell, GA 30076

Or fax to: 770-475-8116

Or e-mail to: **AHUGHES@WSNIELSEN.COM**

Phone: 678-283-7098



Guardian Application ~ April 9th 2025

Roswell Rotary Honor Air 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 not limited to, physically assisting the veterans at the airport during the flight and at the memorials. Guardians are also responsible for their own expenses (airline fare, etc.). Guardians must be at least 18 years old. Training of guardians will be provided for this position. You can also visit us at www.roswellrotary.club/honor-air. Thank You for your support.

NAME: _____ NICKNAME: _____
(As it appears on your ID for airline travel) (If applicable)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ **E-MAIL ADDRESS:** _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____ DOB: _____

OCCUPATION: _____ T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

ARE YOU A VETERAN? YES NO

If a veteran, please indicate BRANCH of service, and WHEN and WHERE you served: _____

How did you learn about the Roswell Rotary Honor Air organization? _____

Why are you volunteering for Honor Flight? _____

Have you ever been on an Honor Flight trip? _____

Please list any prior volunteer experience or special skills you have: _____

Please note any medical experience you may have (e.g., EMT, CPR, Paramedics): _____

Please list one (1) personal reference:

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: Day: _____ Evening: _____

Please list one (1) emergency contact:

Name: _____ Relationship to applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: Day: _____ Evening: _____

Please identify any physical disabilities, restrictions and or medical conditions that would limit your ability to fulfill the duties of guardian:

Also, please list any medications being taken and how often: _____

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3. I understand that ALL of my expenses of \$450.00 are MY responsibility, are non-refundable and are to be paid in advance.

4. You can also sponsor a veteran and pay for yourself for the special price of \$911. Please consider this as a way to enjoy the day and to give back to these amazing men and women. ** Please indicate if you are choosing this option: _____ Veterans name you are sponsoring: _____

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

Please submit this form to:

Roswell Rotary Honor Air
ATTN: Guardian Application
PO Box 783
Roswell, GA 30076

E-mail to: AHUGHES@WSNIELSEN.COM
Phone: 678-283-7098

Fax :770-475-8116

Website: www.roswellrotary.club/honor-air