



DREAM FLIGHT APPLICATION

Please fill out ALL section below, then scan and email to:
merilync@dreamflights.org



Recipient Name (the name you typically go by): _____ Age: _____

Address: _____

City: _____ St: _____ Zip: _____ Phone: _____

Email: _____

Senior Care Facility Name (if applicable) _____

Branch of Military: _____ Years Served (eg: 1940-1943): _____

Military Rank: _____ Did you serve in the War? If so, which? _____

Brief Description/Highlights of Military Service (e.g., battles you were involved with, where you served, a favorite memory awards received, etc.) We love to hear your stories, please share with us (you may use additional paper if needed).

(IF YOU DID NOT SERVE IN THE MILITARY, tell us about yourself and your passion to fly.)

Please understand, submitting an application does not guarantee that you or the person you are nominating will qualify for a Dream Flight. The committee reviews each application and selects the Dream Flight recipient based on many factors including but not limited to the health of the recipient. By submitting this application you agree to allow Ageless Aviation Dream Foundation to use the name and any pictures taken of the recipient during the flight for future Ageless Aviation Dream Foundation promotions materials.