

WW II Homefront Guys and Gals  
PO Box 41  
Silver Springs, Pa. 17575



## WW II VETERANS MEMORIAL TOUR

The WWII Homefront Guys and Gals is happy to offer any WWII veteran, free of charge, the opportunity to visit their National WWII Memorial and Arlington National Cemetery. The trip to Washington D.C. will be on Saturday, April 27, 2013. We have two motor coaches leaving from the Reading and Lancaster area.

The projected itinerary for this once in a lifetime trip is as follows:

- 6:30 am Reading motor coach departs from Berkshire Mall
- 7:00 am Lancaster motor coach departs Lancaster shopping center and  
Meets up with Reading motor coach. Both coaches are  
heading for Washington, DC. Breakfast on the way.
- 10:00 am arrive National WWII Memorial
- 10:00 am—12:00 noon Tour National WWII Memorial
- 12:00 noon depart for Arlington National Cemetery. Lunch on the way.
- 1:00 pm arrive Arlington National Cemetery
- 1:00 pm to 3:00pm tour Arlington, planned wreath laying at the tomb of the unknowns and  
viewing the changing of the guard.
- 3:00 pm depart for Lancaster
- 5:30 pm arrive Lancaster for dinner
- 5:30 to 7:30 sit down dinner and social at Lancaster, location to be  
Determined
- 8:00 pm motor coaches depart for pick-up locations in Lancaster and  
Reading.

There will be one chaperone for every two veterans. Veterans may bring wheel chairs, walkers and scooters for the trip although they will need to be able to walk with assistance up the stairs of the bus. Due to space limitations, the trip is for WWII veterans only, we regret that we do not have enough seating for spouses. Reservations for WWII Veterans is on a first come first service basis.

At this time, please note that times are approximate and could be subject to change due to weather and scheduling. This trip is Free to all WWII veterans.

All costs are paid by the sponsors of the WWII Homefront Guys and Gals. If you are interested in attending this once in a lifetime opportunity or have any questions, please feel free to contact either Bev Barbe at (717) 285-3387 or (717) 319-3430 or Dave Newcomer at (717) 554-1287. When you call you will be provided with more information and will be sent the sign-up information.

Please note that this trip is provided through the WWII Homefront Guys and Gals and outside Sponsorship. We are not in any way sponsored or endorsed by Honor Bus.

# VETERAN APPLICATION

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## WW II VETERANS MEMORIAL TOUR

WWII Homefront Guys and Gals recognizes our veterans for their sacrifices and achievements by taking our vets to Washington D.C. to see their memorial, as our guests. So that we may ensure a safe, memorable and rewarding experience, guardians travel with the veterans on every trip providing assistance and support. For what you and your fellow veterans have given, please consider this a small token of appreciation from all of us at the WWII Homefront Guys and Gals. For further information please contact either Bev Barbe at (717) 285-3387 or (717) 319-3430. Or Dave Newcomer at (717) 554-1287

Your Name: \_\_\_\_\_ Nickname \_\_\_\_\_  
(as it appears on your ID) (If applicable)

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ T-shirt size (please circle) S M L XL XXL

### SERVICE HISTORY

Branch of service \_\_\_\_\_ Unit / Ship(s) \_\_\_\_\_ Rank \_\_\_\_\_

Theater(s) of Operation \_\_\_\_\_

Activity during WWII \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONTACT / EMERGENCY CONTACT INFORMATION (Someone available the day you travel)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone where can be reached on day of travel \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Email \_\_\_\_\_

Alt. Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone where can be reached on day of travel \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Email \_\_\_\_\_

**SPOUSE CONTACT**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

If you wish to experience your trip to Washington with a veteran buddy, please list his or her name And phone number. Your Buddy must also submit an application and there is no guarantee that You will travel together. We suggest submitting your applications together.

Buddy's Name \_\_\_\_\_ Buddy's Phone \_\_\_\_\_

If you would like to name a specific relative or friend to act as the Guardian who will be accompanying you, please list his/her name and phone number. Your spouse is NOT eligible to act as Guardian. Your children, Grandchildren age 18 and older or other relatives are welcome to apply as Guardian. Every effort will be made to accommodate your request.

Requested Guardian Name \_\_\_\_\_

Requested Guardian Phone \_\_\_\_\_

Additional Comments or concerns \_\_\_\_\_

\_\_\_\_\_

**Please Review Carefully and Sign**

The undersigned acknowledges and agrees that:

As photographic and video equipment will be used to memorialize and document this trip and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of WWII Homefront Guys and Gals. I hereby release all media creators and WWII Homefront Guys and Gals from all claims and liability relating to said media. I hereby give permission for my images captured during WWII Veterans Memorial Tour activities through video, photo, or other media, to be used solely for the purposes of WWII Homefront Guys and Gals promotional material and publications and waive any rights of compensation or ownership thereto.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FILL OUT THE MEDICAL INFORMATION ON THE NEXT PAGE AND INCLUDE IT WITH YOUR APPLICATION. WE MUST HAVE ALL 3 PAGES.**

**THANK YOU!**

**YOUR MEDICAL INFORMATION**

So that we may assist you as appropriate, please provide the following information. Information provided will not disqualify you. It permits us to assess the support we need to provide during the trip. Information is for WWII Homefront Guys and Gals and volunteer personnel only. Your signature on this page grants us the right to share your information with our volunteers and administrative staff.

(please circle yes or no for answers below)

Do you use mobility equipment? Yes No If yes, please Cane Walker  
circle the device wheelchair Scooter

Do you have a history of seizures? Yes No  
If yes, please describe \_\_\_\_\_  
(i.e. grand mal, petit mal, other)

When was your last seizure? \_\_\_\_\_ If within the last 5 years, we **strongly** advise you  
Discuss the trip with your private physician!

Do you have problems with motion sickness Yes No  
If yes, is it controlled with medication Yes No  
If motion sickness is not controlled with medication, we **strongly** advise 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, we **strongly** advise you Discuss the trip with your private physician concerning the use of portable hand-held  
Nebulizers during the trip. Please note, nebulizer equipment is not provided by WWII Homefront Guys and Gals

Do you use oxygen at any time? Yes No  
If yes, please note that WWII Homefront Guys and Gals will not be providing oxygen during the trip. You will be  
Responsible for providing your own portable oxygen bottles for the duration of the trip (min 15 hours).

Do you have problem walking the length of a football field unassisted? Yes No  
If yes, please describe the reason (i.e. lung problems, arthritis, heart problems, etc.) \_\_\_\_\_

Do you have diabetes? Yes No If yes, is medicine injected or oral Injected Oral  
Does your medication require refrigeration Yes No  
Do you carry glucose with you Yes No

**Medications** (name and how often taken—if necessary, attach additional sheet)

Medication	Taken how often	Medication	Taken how often
_____	_____	_____	_____
_____	_____	_____	_____

I state that medical insurance is my responsibility and I understand that WWII Homefront Guys and Gals does **NOT** provide medical care. I understand that I accept all risks associated with travel and other WWII Veterans Memorial Tour activities and will not hold WWII Homefront Guys and Gals responsible for any injuries or illness incurred by me while participating in the WWII Veterans Memorial Tour program.

Print your name and sign below it Print \_\_\_\_\_

Please return this form to:  
WWII Homefront Guys and Gals  
PO Box 41  
Silver Springs, Pa. 17575

Sign \_\_\_\_\_ Date \_\_\_\_\_