APPLICATION for FLIGHT SERVICE

PRINT LEGIBLY

Personal Information

How did you hear of Wings of Mercy? _____

► Patient needing the flight service is (circle): married single separated divorced single parent

Name _____ Date of birth _____ Age _____ Weight with clothing _____ (be accurate!)

Address _____ Phone: hm _____

_____ wk _____

cell _____

Email _____ FAX _____ attention _____

► Describe medical condition in depth: We need to know exactly how you can board and disembark an aircraft. Most of our planes are 4-6 seat aircraft and some can be accessed by walking on but some are more difficult. PLEASE BE AS ACCURATE AS POSSIBLE.

► If this form is filled out by someone other than the actual person needing the service:

Name & address _____ Relationship _____ Age _____

_____

Phone: hm _____ wk _____ cell _____

FAX _____ attention _____

► Appointment date and time _____, _____

Route (city): from _____ to _____

Route (city): to_____ from _____

Name of closest, largest airport near you. _____

PLEASE READ BELOW:

It takes approximately 9 man hours to get one flight established. **If you determine you are not going to follow through with needing a flight, please notify WOM IMMEDIATELY in order to have time so help another patient.**

► I UNDERSTAND AND AGREE TO THE STATEMENT ABOVE. Initial here _____

(Signature)

RETURN TO: Wings of Mercy * 100 Pine Street Suite #393 * Zeeland, MI 49464 * *Fax 616-748-6093*