



"LET'S FLY NOW!" EVENT

GUEST REGISTRATION



GUEST'S NAME: _____
(First Name) (Middle) (Last)

DATE OF BIRTH: Month: _____ / Day: _____ / Year: _____

WEIGHT (needed to complete airplane weigh and balance calculation): _____ Lbs

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

(If Guest is 18 or younger, a parent's signature is needed.)

PARENT/GUARDIAN NAME (print): _____

PARENT / GUARDIAN SIGNATURE (sign): _____

Cell #: (_____) _____

ADDRESS (if different from above): _____

CITY / STATE / ZIP: _____

**COMPLETED AGREEMENT TO WAIVE LIABILITY IS
REQUIRED PRIOR TO FLIGHT DEPARTURE.**