

**GARDEN CITY HOT AIR BALLOON CLASSIC
PILOT ENTRY REGISTRATION
~ Please return by June 30, 2010 ~**

PILOT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Fax: _____

Cell Phone: _____ E-Mail: _____

Pilot Cert. # _____ Pvt. _____ Comm'l _____ Total Pic Hrs _____

Total Hrs. Last 6 months _____ Last Bi-Annual Date _____

AEROSTAT INFORMATION

Balloon Name: _____ N# _____ Mfr. _____ Size _____

Balloon Colors: _____ Special Shape _____

Last Annual / 100 Hr. Insp. Date _____ Hours since last annual _____

Category: () Standard () Experimental

CREW INFORMATION

Spouse's Name: _____ Crew Chief: _____

Do you need additional crew? () YES () NO How Many? _____

INSURANCE INFORMATION

Ins. Co.: _____ Policy # _____ Expires: _____

Passenger Liability: () YES () NO

Min. Insurance Requirement is: \$300,000 Liability, with \$100,000 per passenger liability coverage.

YOUR ENTRY WILL BE PROCESSED WHEN WE RECEIVE: () This form, () A color photo of your balloon,
() Certificate of Insurance

SIGNATURE _____ DATE _____