

JLFC Clinic Registration Form

Beaver Run Fly-In Formation Clinic

April 29, 30, May 1, 2016



Name _____ Arrival Date _____

Address _____

City _____ State _____ Zip _____

Primary Telephone _____ Secondary _____

E-mail _____ Type Aircraft _____ N# _____

Emergency Contact Name _____ Telephone No. (s) _____ / _____

Pilot Certificate/Ratings (Check One) Private ____ Commercial ____ Instrument ____ CFI ____ ATP ____

Total Flight Time: _____ Flight Time Last 12 Month: _____

Medical Class: _____ Last Exam: _____ Last BFR Date: _____

Formation Experience: (Check all that apply)

Have not practiced in-flight formation _____ Have practiced some in-flight formation _____

Have received no formal formation training ____ Have received formal formation training ____ Specify where _____

Do you presently hold a FAST Card? (Check one) Yes ____ No ____ If yes, by what organization _____

Current Rating (Check One) 2-Ship Wing ____ 2-Ship Lead ____ 4-Ship Wing ____ 4-Ship Lead ____ Check Pilot ____

Formation Hours: 2-Ship Wing ____ 2-Ship Lead ____ 4-Ship Wing ____ 4-Ship Lead ____

Total Formation Hours: _____

Clinic Goals:

Basic training and practice as (Check One) 2-Ship Wing ____ 2-Ship Lead ____ 4-Ship Wing ____ 4-Ship Lead ____

Advanced training and practice for FAST Card (Check One) 2-Ship Wing ____ 2-Ship Lead ____

4-Ship Wing ____ 4-Ship Lead ____

Aircraft type you will be flying? _____

Is there anyone attending that you would like to be paired with? _____

Do you have access to a parachute for this clinic: (Check One) Yes ____ No ____

The aircraft I will use has a fully operational radio and intercom (Check One) Yes ____ No ____

Signature _____ Date _____