

REGISTRATION FORM
2008 T-6 FAST Clinic/Member Gathering
Dubuque, IA July 23-28

See page 17, April issue for Hotel/Car list



Fr ground school 0900

Early arrival July 23 24 25 26 27 28 to OSH)

Name: _____ Member # _____

Guest _____ Member# _____ if applicable

Address (changes only) _____ Bringing plane type _____ N# _____

City/State /Zip _____ / _____ / _____ Phone _____

email _____

Cloth flight suit patch 2x4" velcro backed
 Name on patch, nicknames acceptable. Pilot 1) _____
21 characters maximum (see above) Guest 2) _____

Extra patches are \$10. each.
 Names on extra patches 1) _____ 2) _____

Quantity T-Shirt Size M _____ L _____ XL _____ 2X _____ 3X _____

REGISTRATION FEE PAYABLE IN ADVANCE After July 10, patch will be sent after event

CHECK _____ or CREDIT CARD (visa/mastercard only) _____ / _____ / _____ / _____

expires _____ / _____ Print name as it is on card _____ signature _____

CLINIC FEE: Includes patch, tee, refreshments, snacks, 4 lunches and 2 dinners.

Each adult,	July 23-28 @ \$250.00	adults _____	x \$250	=	_____
Extra patches @ \$10 each (see above)		extra patches _____	x \$10	=	_____
Each child		child _____	x \$50	=	_____

Total enclosed or charged: _____

Flying Activity desired: Ground school _____ Practice/Recurrency _____ Safety pilot _____
 Ready for Qualification? Wing _____ Leader _____

Sponsors: Cannon Aviation Insurance, CeeLynn, Courtesy Aircraft

RETURN FORM TO:

NATA
 25801 NE HINNESS ROAD
 BRUSH PRAIRIE, WA 98606
 360-256-066, fax 360-896-5398
 email NATrainer@aol.com

THANKS - SEE YOU THERE!!

T-28 FAST Clinic See other side