

**REGISTRATION FOR
2008 NORTHERN CALIFORNIA ADVANCED FORMATION CLINIC
May 2-4, 2008
Stockton Metropolitan Airport (SCK)**

Hosted by: Larry Gaines

Mail form to: Larry Gaines, 3114 Deerfield Ct, Stockton, CA 95209

Name: _____ **Signature:** _____

Address: _____

Address line 2: _____

City, State, Zip Code: _____

Telephone: day: _____ **evening:** _____

E-mail address: _____

N# _____ **Type Airplane** _____

Total time make and model (experience): _____

I have formation experience in: 2-ship : _____ **hrs; 4-ship :** _____ **hrs**

I am willing to fly as a safety pilot. My qualifications to be a safety pilot are:

(continue on reverse for additional information if needed)

I request to be evaluated for FFI wingman () or FFI lead (). I have read and understand the FFI requirements for wingman and lead.

I request flying with the following in my formation: _____

See event calendar and all other pertinent information under "Regional" at www.b2osh.org.

I (participant, as witnessed by my signature above) understand that I will be required to execute a waiver to the event for any/all liability. Also, by means of my signature above, I certify that my aircraft is airworthy by FAA standards and that I actively have in force a minimum of \$1.0 Million of general public liability insurance to protect others.

Fee: \$50.00 dollars. Make check payable to Larry Gaines