

**REGISTRATION FORM 2008 FOR  
NEW YORK FORMATION PRACTICE SESSION**

**Long Island, NY (FOK)**

**Hosted by: Robert Mark & Joseph Fischetti**

Mail form to: Robert Mark; 105 Maxess Rd, Suite 124, Melville, NY 11747

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: day: \_\_\_\_\_ evening: \_\_\_\_\_

E-mail address: \_\_\_\_\_

N# \_\_\_\_\_ Type Airplane \_\_\_\_\_

Prior experience: \_\_\_\_\_

\_\_\_\_\_

I am able to assist as a safety pilot  Yes  No

I want to progress to 4-ship training?  Yes  No

See event calendar and all other pertinent information under Regional at [www.b2osh.org](http://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 upon my arrival. 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.

Requirements: Dual rudder pedals, working intercom; crossover yoke acceptable.

Fee: \$50.00 per person (will be used for food, beverage and transportation).  
Make check payable to Robert Mark.

Questions: Contact Robert Mark or Joseph Fischetti (see Regional web page)