**4rd Splash-In Pollensa/ Menorca**

 01.5 - 5.5.2019

**PILOT REGISTRATION FORM**

Mr/Mrs: \_\_\_\_\_

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other persons on board

Mr/Mrs: \_\_\_First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mr/Mrs: \_\_\_First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mr/Mrs: \_\_\_First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participation Pollensa: 2 May April- 5 May:\_\_\_\_\_\_(yes/no)

Twin Room \_\_\_ Single Room \_\_\_ (mark number of rooms)

Participation Menorca: 1 May- 2 May:\_\_\_\_\_\_(yes/no)

Twin Room \_\_\_ Single Room \_\_\_ (mark number of rooms)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aircraft type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cruise speed: \_\_\_\_\_\_ knots. Range: \_\_\_\_ NM Total number of seats: \_\_\_\_

Fuel requirements: Quantity at LESB: \_\_\_\_\_ liters

 Prepared to put sticker of sponsor on aircraft for the event? \_\_\_\_ (yes/no)

I certify that the above aircraft carries the legally required insurance, and that the pilots’ licence and medical certificate are valid and will be valid during the above mentioned event. I also agree that my name and aircraft details may be published on the website of the FAM in relation to this event.

Signature of pilot:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_

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