

2012 Sioux Falls Safety Seminar Registration Form

First Name _____

Last Name _____

Street Address _____

Address Line 2 _____

City _____

State _____

Zip _____

Email _____

Phone _____

BFA Number _____

Pilot Certificate Number _____

Designation (Commercial, Private, Student) _____

Insurance Company _____

Family/Crew Name _____

Pilot Fee _____ X \$45 = _____

Family/Crew Fee _____ X \$20 = _____

Registration after Jan 31st _____ X \$10 = _____

Additional for SD Achieve _____

TOTAL _____

Comments, Questions or
Special Food Considerations