

COLUMBUS AFB CIVIL FLY-IN
13 October 2012
Registration Package
Vehicle Registration

Name (Last, First MI) _____

Address _____

City, State, ZIP _____

Phone Number () _____

Vehicle Make and Model _____

License Plate Number & State _____

List Full Name, Social Security Number, and Driver's License Number with state of issue for **ALL** people attending (For Security Screening Purposes to be granted the base access) and indicate military rank (retired or active/guard/reserve) for all O-6's or above:

****You will not be allowed to enter Columbus AFB unless we receive your completed registration packet.**

*****Return completed registration package **NLT 30 September 2012** to:**

You may pack your own lunch and drinks for this event. You will also have the option to purchase lunch here on base for a small fee. Once we finalize the menu and the approx cost, we will notify you.

14 FTW/SE
Attn: Phil Sheridan
555 Seventh Street, Suite 240
Columbus AFB, MS 39710-1007
Fax: (662) 434-2521
Phone: (662) 434-2842