

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

Name (Last, First MI) _____

Address _____

City, State, ZIP _____ Phone Number () _____

A/C Tail Number _____

A/C Type _____

Destination (leaving CAFB) _____

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 land at Columbus AFB unless we receive your completed registration packet and DD Form 2402 (Civil Aircraft Hold Harmless Agreement). Please DO NOT fax the DD Form 2402. We require the original copy. Please mail back the original Form 2402 w/your signature in "BLUE" ink.**

*****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