

22nd Annual Arkansas Hot Air Balloon State Championship

September 8-10, 2017

Entry Application / Pilot Information

**Entry Deadline: August 7, 2017 Please Return to Harrison Regional Chamber of Commerce,
621 E Rush, Harrison AR 72601**

Name: _____ Phone (____) _____ Work

Address: _____ Phone (____) _____ Home

City, State, Zip: _____ Phone (____) _____ Cell

Email: _____

Total PIC Hours: _____ # Hours in Past 12 Months: _____ (____) _____ Fax

Pilot Certificate No. _____ Private: _____ Commercial: _____

Last Biennial: ____/____/____ Do you need crew members? Yes No How many? _____

Registration Information

\$50.00 Registration Fee

Enclosed Check #: _____ CC#: _____

Exp. Date: _____ CVV: _____

Show Up Reward: Your Registration Fee will be returned along with an additional \$50.00 for a total of \$100.00 on Sunday, September 11th

Balloon Information

Name: _____ Number: _____ Occupancy of Basket: _____

Date of Manufacture: _____ Description: _____

Insurance Carrier: _____ Policy # _____ Period _____

Please attach a copy of your insurance policy for our records.

If multiple pilots are covered, please attach list. If open pilot warranty, please check here:

Required minimums \$100,000.00 minimum per passenger, \$300,000.00 minimum, combined single limit B.I./P.D.

Additional Information:

Crew Chief's Name: _____ Pilot Shirt Size: S M L XL XXL

Pilot Complimentary Room: King Double Smoking Non-smoking

Extra Rooms (paid by you): King Double Smoking Non-smoking

I, _____ (pilot), certify that the hot air balloon listed above has a standard air worthiness certificate and that it has been inspected in accordance with FAA requirements within the last year. I also certify that I hold a pilot's license for this event, have had a current biennial check ride and carry the required insurance as stated above.

Signature: _____