

Colorado Pilots Association 2020 Fly-in Registration Form

| First Name | | Last Name | |
|--|--|--------------------------|----|
| Are you a CPA Member? | | Yes | No |
| Address: | | | |
| Cell Phone: | | | |
| Email: | | | |
| Emergency Contact and phone: | | | |
| Aircraft type and N#: | | | |
| Do you have a seat to share on your plane? | | Yes | No |
| Are you in need of an airplane ride? | | Yes | No |
| Do you have any guests joining you? | | Yes | No |
| If so, how many? | | | |
| Please include their names: | | | |
| Which event are you registering for? | | Truth or Consequences NM | |

Please find the total from the Fly-in event you registered for online and send in the total payment % Colorado Pilots Association to:

Bill Marvel 492 Escondido Circle Grand Junction CO 81507