SNOHOMISH FLYING SERVICE – HARVEY FIELD 360-568-1541
AVIATION FLIGHT CAMP AUGUST 2nd – 5th 2010
FLIGHT CAMP REGISTRATION FORM

Camper:_____ Sex: _____

Address: _____ City, State, Zip: _____

Age: _____ Birth Date: _____ Grade: _____

Guardian: _____ Work Phone: (___)_____ Home Phone: (___)_____

Payment:	Non-refundable deposit enclosed:	$100.00 *Due w/registration*
	4 day camp	$595.00 *Due by July 26, 2010*
	TOTAL COST	$695.00 *in full by July 26, 2010*

Make Payment Payable To: **Snohomish Flying Service**
9900 Airport Way, Snohomish, WA 98296
Attn: Christi Otness

I authorize Snohomish Flying Service to Charge my credit card (check one): ☐ Master Card ☐ Visa

Account #: _____ Exp. Date: _____

Cardholder Name: _____ Signature: _____

PARENT/GUARDIAN PERMISSION SLIP

I am the legal parent or guardian of the child listed above and I give my permission for

_____ to participate in the Aviation Flight Camp . I give permission for my child to participate in all flight camp activities at Harvey Airfield and understand that my child will be involved in flying airplanes and helicopters as well as vehicle transportation to and from the field trips as part of the Aviation Flight Camp participation:

Phone (Day): _____ *(Night):* _____
Our Insurance Information is as follows:

Name of Insured: _____ _____

Insurance Co.: _____ *Policy/Group #:*_____

_____ _____
Parent/Guardian Signature *Date*

Special Conditions or Notes: _____

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