

Pennington Balloon Rally

PILOT APPLICATION

August 7, 8, & 9, 2009

Complete and mail with required documents by **May 1, 2009** to:

LA Ballooning Foundation
P. O. Box 14417
Baton Rouge, LA 70898

Registration Info Contact:

George H. Richard
(225) 933-2027
George@laballooning.com

Pilot Information

Last Name _____ First Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ e-mail _____
Social Security Number _____ Birth Date _____
Pilot Certificate # _____ Certificate Type _____ Commercial _____ Private _____
Date of Last Biennial Flight Review _____ PIC Balloon Hours Last 12 Months _____ Total PIC Hours _____
Name of Insurance Carrier _____ Policy Number _____

To participate in this event, **all** pilots must meet these requirements:

1. Complete at least 75 PIC Hours by **June 30, 2009**
2. Carry an aircraft radio and a working safety restraint harness

Registration Status

I wish to arrive: _____ Thursday 8/6/09 _____ Friday 8/7/09

My balloon is: _____ Commercial _____ Commercial Shape _____ Company Name _____
_____ Non-Commercial _____ Non-Commercial Shape

I will carry media during competition. _____ Yes _____ No

I will carry an envelope banner. _____ Yes _____ No If yes, banner size: _____ ft. X _____ ft.

Office Use Only:

Date Received _____ Assigned # _____
Application Completed _____ Color Photo Included _____ Entry Fee(s) Included _____
Acknowledgements Initialed _____ Application Signed _____ Insurance Certificate Received _____
Registration Complete _____

Balloon

Balloon Name _____ Registration # N _____
Manufacturer _____ Manufacture Date _____ Balloon Size _____
Description (Color, Pattern, etc.) _____

Total Hours on Balloon _____ Date of Last Annual _____

Balloon color photograph must be sent with your application. Your application is not official without photo.

Miscellaneous

Apparel What apparel size do you need? _____ Small _____ Medium _____ Large _____ X Large _____ XX Large
Hotel (1 Room/Pilot) _____ Double _____ King _____ Smoking _____ Non-Smoking
Local Crew Needed _____ Yes _____ No If yes, how many? _____

Entry Fees

All pilots, regardless of division, must pay the \$100 fee in addition to any corporate fee:

<u>Pilot Registration Fee (non-refundable)</u>	\$ 100	\$ _____
<u>Corporate Balloon</u>	\$ 1,500	\$ _____

TOTAL DUE \$ _____

Make check(s) payable to LA Ballooning Foundation and enclose with registration and required documentation

Acknowledgements

	Initial
I agree to abide by all Rules and Regulations of the Louisiana Ballooning Foundation.	_____
I agree with the FAR's as to my full responsibility as pilot-in-command . I recognize my authority and responsibility as pilot-in-command supersedes that of the event, organizers, sponsors, and/or their activities.	_____
I agree to have insurance coverage in effect at all times for my competition registered aircraft.	_____
I understand and agree I am responsible for having in my possession all the proper pilot and aircraft documentation required by the FAR's.	_____
I understand the event waiver and insurance do not allow event participants to carry paying passengers and agree not to carry paying passengers during the event.	_____
I understand and agree that my sponsor's participation as a crew member is at the pilot's discretion and as a crew member must be briefed as to their duties by me.	_____
I agree for LA Ballooning Foundation to request my insurance certificate from my insurance carrier	_____
I understand my application is not official until these items are completed: 1. I meet all event requirements. 2. My registration fee is paid in full. 3. A COLOR PHOTOGRAPH OF MY BALLOON is included in this application.	_____

All information provided in this application is true and accurate.

Signature _____ **Date** _____