



Starthistle 2009 Fly-in Registration Form -- May 23, 24 & 25 2009

Full Name _____

Street Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Family Member Name _____

USHGA # _____ Expiration Date _____

RVHPA Waiver Signed? Yes _____ No _____

HP Pilot Rating _____ appointments or instructor ratings _____

PG Pilot Rating _____ appointments or instructor ratings _____

Emergency Notification Name _____ Relationship _____

Home Phone _____ Work Phone _____

Pre-Registration (mailed by May 15). \$30.00, registration at event, \$40.00.

Extra Dinner(Non-Registrants), \$10.00. Total _____

Please mail form and payment by May 15 to:

RVHPA C/O Ron Scott, 4730 West Griffin Creek Road, Medford, OR 97501 541.858-2800