YOUNG EAGLES® REGISTRATION FORM

INSTRUCTIONS: Complete the upper portion of this form and give it to your volunteer pilot.
PILOT: Complete the lower portion of this form and return as soon as possible to the Young Eagles Office.

PLEASE PRINT (IN BLACK) LIKE THIS: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

YOUNG EAGLE REGISTRATION INFORMATION

NAME OF PARTICIPANT (LAST, FIRST, MIDDLE INITIAL)

ADDRESS

CITY | STATE/PROVINCE | ZIP/ POSTAL CODE

DATE OF BIRTH (MONTH/DAY/YEAR) | *HAVE YOU EVER PARTICIPATED IN A YOUNG EAGLES FLIGHT BEFORE? (YES/NO) | TELEPHONE

*NOTE: Prior participation does not prohibit additional flights, but program goals give priority to new participants. Registration and benefits will occur only once.

EAGLE FLIGHT PARENT/GUARDIAN PERMISSION FORM

The Eagle Flight candidate named above wishes to participate in the EAA Young Eagles Program, which includes a demonstration flight. I certify that I am the child's legal guardian, and I give him/her permission to participate in this program. I also agree to hold the EAA Aviation Foundation, Inc., Experimental Aircraft Association, Inc., all participants and sponsors harmless for all personal injury which might result from participation in any part of this program.

Parent/Guardian Signature

SPONSORING EAA CHAPTER OR AFFILIATE

PILOT REGISTRATION INFORMATION

YOUNG EAGLES PILOT I.D. NUMBER

EAA NUMBER

NAME (Last, First, Middle Initial)

ADDRESS

CITY | STATE/PROVINCE | ZIP/ POSTAL CODE

TYPE OF AIRCRAFT

DATE OF FLIGHT (MONTH/DAY/YEAR)

EAA CHAPTER OR AFFILIATE ORGANIZATION

TELEPHONE

Y E FORM

Send completed form to:
Young Eagles Office
EAA Aviation Foundation
P.O. Box 2683 • Oshkosh, WI 54903-2683 • 920/426-4831