

CAF High Sky Wing AIRSHO 2017

Aircraft Registration September 16-17

AIRCRAFT INFORMATION

Aircraft Model _____ N Number _____

CAF Wing/Squadron/Sponsor Group/Owner _____

Private Aircraft? _____ Do you plan to fly in AIRSHO 2017? _____

I plan to depart from _____ for Midland AIRSHO and arrive on
_____ (date) at approximately _____ (time)

Do you need smoke oil? _____ How many gallons? _____

What type of engine oil do you prefer? _____ How many gallons? _____

Do you require any special equipment? _____

Do you plan to sell rides at AIRSHO? YES _____ NO _____ If yes, POC _____
Phone # _____

**OWNER OF PRIVATELY OWNED AIRCRAFT MUST SUBMIT A COPY OF THEIR
AIRCRAFT LIABILITY INSURANCE CERTIFICATE IN THE AMOUNT OF \$1,000,000 WITH
THE CAF NAMED AS ADDITIONAL INSURED. See attached wording.**

PILOT INFORMATION

Pilot name _____ Co-Pilot name _____

Pilot

Co-Pilot

FAA Certificate Number _____

Medical Date _____

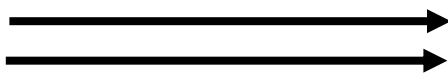
Number of Additional Crewmembers _____

Signed _____ Date _____

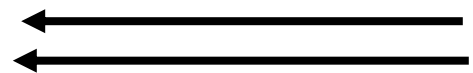
CAF Colonel Number _____ Cell Phone Number _____

Email address _____

Please return this form no later than 1 September 2017 to:



**CAF High Sky Wing AIRSHO
PO Box 61064
Midland, Texas 79711
Or FAX 432-685-1277**



NAMING CAF AS ADDITIONAL INSURED

Naming the Commemorative Air Force as additional insured
in the amount of \$1,000,000.

The Commemorative Air Force, Inc. its officers, directors, members, employees
and agents

The American Air Power Heritage Flying Museum, Inc.

The American Air Power Heritage Museum, Inc.

The American Air Power Heritage Foundation, Inc.

P.O. Box 764769

Dallas, TX 75376

*With a waiver of subrogation in favor of the Commemorative Air Force, Inc.