

High Sky Wing AIRSHO 2024 Aircraft Registration

September 6-7-8

AIRCRAFT INFORMATION

Aircraft Model _____ N Number _____

CAF Wing/Squadron/Sponsor Group _____

or

Private Aircraft? _____ Do you plan to fly in AIRSHO 2024? _____

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

Do you need smoke oil? _____ If so how many gallons? _____

What type of engine oil do you prefer? _____

Do you require any special equipment? _____

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

Contact phone# or website: _____

**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)**

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 **August 1, 2024 to:**

CAF High Sky Wing
AIRSHO

PO Box 61064
Midland, Texas 79711
Or email gena@highskywing.org

NAMING CAF AS ADDITIONAL INSURED

**THE COMMERMORATIVE AIR FORCE, INC., 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**