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| Parkes (YPKS) Fly In Friday 20th to Monday 23rd May 2022  Registration Form |

Name: -------------------------------------------------------------------------------------------------------------

Email: -------------------------------------------------------------------------Mobile---------------------------

**Attendees:**

Pilot--------------------------------------------------------Pax 3--------------------------------------------------

Pax 1-------------------------------------------------------Pax 4--------------------------------------------------

Pax 2-------------------------------------------------------Pax 5--------------------------------------------------

Aircraft Type: --------------------------------------------Aircraft Registration-------------------------------

**ETA** Date: ------------------------------Time: --------------------- Bushman’s Inn Booked

**Registration numbers – please advise the no. people in your party attending each event**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **Activity** | **# Attendees** | **Cost** | **Total** | | **Registration** |  | **$300 pp** |  | | Thursday |  | Dinner at own cost |  | | Friday /transport/Meals |  | Included in registration |  | | Saturday/ Tours/ Meals |  | Included in registration |  | | Sunday/Meals/Tours |  | Included in registration |  |   **Total $** |

**Payment by EFT**: BSB 633 000 A/C 135 455 806   
Email EFT payment to [coordinator@c200series.com.au](mailto:coordinator@c200series.com.au)

**Dietary requirements: --------------------------------------------------------------------------------------------**

**Indemnity:**   
I, the undersigned do hereby indemnify the Cessna 200 Series Associations and the members, officers and agents thereof associated with arranging the functions and associated activities from all liability of any kind arising out of any function or activity arranged by or on behalf of any such person or body, or travel to and from same, and as agents for the persons or body named above, whose express permission I declare that I have obtained to do so. I do hereby indemnify each person or body arranging or associated with such functions, activity, or travel from all liability. **Signature**: ---------------------------------------------**Date**----------------

**Refunds Policy:** Refunds cannot be guaranteed for late cancellations:  **Send completed forms to:   
Email:** [**coordinator@c200series.com.au**](mailto:coordinator@c200series.com.au) **Mail: Coordinator P.O. Box 29 BLI BLI ,4560**