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| LONGREACH Fly InThursday 28th August to 1st September 2025Registration Form |

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

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

**Attendees:**

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

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

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

Aircraft Registration------------------------------- Aircraft Type………………………….

**ETA** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Saltbush booked**

**ETD** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Accommodation booked

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Activity** | **# Attendees** | **Cost** | **Total** |
| **Registration**  |  | **$450.00 pp****$350.00 if paid by the 17th July 2025** |  |
| Thursday BBQ  |  | Included in registration  |  |
| Friday/ AGM / Tour/ Dinner |  | Included in registration  |  |
| Saturday/ Tours/Dinner |  | Included in registration  |  |
| Sunday/tours/Meals |  | Included in registration |  |

 **Total $**  |

**Payment by EFT**: BSB 633 000 A/C 135 455 806
🞏 Email EFT payment confirmation to 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:  **Email completed forms to:
Patricia Kenney** **coordinator@c200series.com.au**   **0407 012 014**