HPAC EVENT ENTRY FORM



	EVENT:		EVENT:			
			Phone #			
HPAC/ACVL	Address					
neney near				Postal Code		
HPAC Member #	_ HPAC Insured? []Yes □No	Provincial/Nation As	sociation		
Pilot Experience (airtime)	(hrs)	Flights	HPAC R	ating		
FAI Sporting Licence						
Pilot Information (for Media Rel	ease e.g. credentia	ils, achievement	s, etc.):			
******	*****	******	******	*********		
n Case of Emergency, Conta	ct:					
Name				Phone #		
Address						
City	Prov	Country _		Postal Code		
**************	******	*****	******	************		
Aircraft Type (HG or PG), Make	e, Model:					
Markings and Colors:						

Entry Fee	\$	Miscellaneo	us fees (specify)			
HPAC Insured Member Fee	\$			PAC Membership Application Form may be made Payable to HPAC)		
Foreign Resident Insurance	\$ CDN 40.00					
FAI Sporting Licence (optional)						
TOTAL FEES	\$					
******	*****	******	*****	*********		
				AC Short term (3 months) insurance		
is available for foreign	ı residents (only) fo	or CDN \$40.00. N	Make cheques or mo	ney orders payable to HPAC.		
*********	:*****	******	*****	*********		