YOUNG EAGLES ® REGISTRATION FORM

INSTRUCTIONS: Complete the upper portion of this form and give it to your volunteer pilot. Make sure the permission form is completed. **PILOT:** Complete the lower portion of this form and return it as soon as possible to the Young Eagles Office.

PLEASE PRINT (IN BLACK) LIKE THIS: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9
USE ONLY ONE BOX PER LETTER, SPACE OR PUNCTUATION.

YOUNG EAGLE REGISTRATION INFORMATION

NAME OF PARTICIPANT, (LAST, FIRST, MIDDLE INITIAL)

ADDRESS

CITY | STATE | ZIP CODE

DATE OF BIRTH (MONTH/DAY/YEAR)

*HAVE YOUR EVER PARTICIPATED IN A YOUNG EAGLES FLIGHT BEFORE? (YES/NO)

TELEPHONE

*NOTE: Prior participation does not prohibit additional flights, but program goals give priority to new participants. Registration and benefits will occur only once.

YOUNG EAGLE FLIGHT PARENT/GUARDIAN PERMISSION & RELEASE FORM

The Young Eagle Flight candidate named above wishes to participate in the EAA Young Eagles Program, which includes a demonstration flight. I certify that I am the child's legal guardian, and I give him/her permission to participate in this program. I also agree to voluntarily release, waive, and relinquish any and all claims I or my child may have against the Experimental Aircraft Association, Inc., the EAA Aviation Foundation, Inc. and all participants and sponsors for any and all claims which may result from participation in any part of this program. I further agree to hold harmless the aforementioned individuals and entities for any and all claims which may result from participation in any part of this program.

Parent/Guardian Signature

PILOT INFORMATION

YOUNG EAGLES PILOT | **EAA NUMBER**

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS

CITY | STATE | ZIP CODE

TYPE OF AIRCRAFT | DATE OF FLIGHT (MONTH/DAY/YEAR)

EAA CHAPTER OR AFFILIATE ORGANIZATION | TELEPHONE | FORM Y E

For more information, contact:

Young Eagles Office
EAA Aviation Foundation
P.O. Box 2683
Oshkosh, WI 54903-2683
414-426-4831