Young Eagles Pilot Registration

Pilot Information			
Pilot Name:			
Address:			
Phone Number (Day):			
Cell:			
Current Membership in EA	A National or other App	proved Group	
EAA #:			
Expiration:			
Other Group Name:			
Group #			
Expiration:		<u></u>	
Appropriate Airman Certifi	icate Rating and Endors	ements for Aircraft to be Us	ed
Pilot Certificate Type & #:			<u></u>
Medical Certificate Class:			
Expiration:			
Date of Last Flight Review:			
I am Current in the Aircraft			
Type that I will be Using (90 Day Requirement)	Yes No		
Hours in Type:	No		
Total Pilot Hours Logged:			
Type of Aircraft:			
Aircraft Registration:			
The Aircraft I will be Using is A	irworthy as Follows:		
Date of Last Annual Inspe	· · · · · · · · · · · · · · · · · · ·		
All A.D.s Complied with &		<u> </u>	
All A.D.3 Compiled with a	op to bate. Tes No	' 	
Aircraft Insurance Policy #	<u></u>		
Carrier Name:			
Expiration Date:			
Copy Attached: Yes	No		
Note: The Following Need to b	e Named as Additional Insured	d on the Policy:	
Moyer Aviation, Inc. 380	00 Sullivan Trail; Easton, PA 18	3040 (Airport Operator)	
Lehigh Northampton Air	port; Authority 3311 Airport Ro	oad; Allentown, PA 18109 (Airport Ov	wner)
Please make sure that all informally signing it, you are represent		•	
Event Dates:			
Young Eagles Pilot Signature:			Date: