



# CLINIC REGISTRATION FORM

Name: \_\_\_\_\_ Call Sign/Handle: \_\_\_\_\_

Primary Phone Contact: Cell Home Other \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone Contact Number(s): \_\_\_\_\_

Do You Carry Liability Insurance? Yes No Per Seat Limit: \_\_\_\_\_

Pilot Certificate/Ratings: Private Commercial ATP  
Instrument CFI Space Shuttle Commander

Total Flight Time: \_\_\_\_\_ Total Stearman Time: \_\_\_\_\_

Total Flight Time (Last 12 months): \_\_\_\_\_ Total Stearman Time (Last 12 Months): \_\_\_\_\_

Medical Class: \_\_\_\_\_ Last Exam Date: \_\_\_\_\_ Last BFR Date: \_\_\_\_\_

Do you presently hold a FAST card? Yes No If yes, is it current? \_\_\_\_\_

If yes, by what organization was it issued? \_\_\_\_\_ Original Issue Date: \_\_\_\_\_

Current Rating: 2-Ship Wing 2-Ship Lead 4-Ship Wing 4-Ship Lead Check Pilot

Stearman Formation Hours: 2 - Ship Wing: \_\_\_\_\_ 2 - Ship Lead: \_\_\_\_\_

4 - Ship Wing: \_\_\_\_\_ 4 - Ship Lead: \_\_\_\_\_

Total Stearman Formation Hours: \_\_\_\_\_ Total Formation Hours (All Aircraft): \_\_\_\_\_

## Clinic Goals

Basic introduction and practice as: 2-Ship Wing 2-Ship Lead 4-Ship Wing 4-Ship Lead

Advanced practice and FAST card for: 2-Ship Wing 2-Ship Lead 4-Ship Wing 4-Ship Lead

Is there anyone attending this clinic that you would like to be paired with? \_\_\_\_\_

Please check all that apply  
I am a current Stearman Flight member in good standing.  
I have submitted a Stearman Flight membership application and have paid my fees.  
I have purchased a Stearman Flight Formation Manual.  
I have access to a parachute for use in this clinic.  
The aircraft I will use has a fully operational radio and intercom system.  
I will require lodging.  
I will require ground transportation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward this form via email or Fax to:

Carey Hardin, Stearman Flight National Clinic Chairman  
cfh@clearwaterconsult (662) 323-2200 Fax

**Note:** After sufficient registrations have been received to determine the size and orientation of the clinic, you will be notified of the deposit required to reserve your slot and provided with information regarding lodging and ground transportation.