

# WEST COAST FORMATION AND GROUND MARSHALLER CLINICS

Stacey L. Ward Roads, Coordinator  
1995 N Buhach Rd, Atwater, CA 95301  
(209) 725-1647 [wcformationclinic@sbcglobal.net](mailto:wcformationclinic@sbcglobal.net)

**1-2-3 MAY 2009  
REGISTRATION FORM**

**NOTE: SEPARATE FORM REQUIRED FOR EACH PARTICIPANT (copy of form is ok)**

Space is limited – Make Reservation Early



### CLINIC USE ONLY

NAME: \_\_\_\_\_ ROOM: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_ \$ Rec'd: \_\_\_\_\_  
Check No. \_\_\_\_\_  
Amt Still Due: \$ \_\_\_\_\_ \$ Paid: \_\_\_\_\_  
Check No. \_\_\_\_\_  
Refund Due: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Check No. \_\_\_\_\_  
Insurance Required? Yes No Insurance Received: \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE Home (\_\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
How do you want your name on your nametag? \_\_\_\_\_

Attending As:  
 Pilot  
 Backseater (space not guaranteed)  
 F.A.S.T. Check Pilot/ Instructor Pilot  
 Marshaller  
 Pre-approved Support Staff - please state area: \_\_\_\_\_  
**Arrival Date:**  
 Thurs 30 April  Fri 1 May  Sat 2 May  
**Departure Date:**  
 Sat 2 May  Sun 3 May

**Current Member**  
 CAF # \_\_\_\_\_  WOA  NATA  T-34 Assoc.  YAK/CJ  
Membership in which CAF Unit: \_\_\_\_\_

**F.A.S.T. Formation Rating Held:** \_\_\_\_\_  
**With which Association was your Proficiency Filed?** \_\_\_\_\_

**Aircraft Being Flown at Clinic**

Type	_____
N#	_____
Color	_____

Is this a CAF aircraft?  Yes  No  
Do you share this aircraft with someone else?  Yes  No  
If yes, please list: \_\_\_\_\_  
Under whose name is the aircraft insured? \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
**Have them e-mail Suborgation Certificate to [wcformationclinic@sbcglobal.net](mailto:wcformationclinic@sbcglobal.net)  
NO LATER THAN 20 April 2009.**

**CAF TRARON Membership Status:**  
 Check Pilot  Lead  Wingman  Element Leader  Member  
**Date Last Formation Flight:**  
2 Ship \_\_\_\_\_ 4 Ship \_\_\_\_\_  Never  
**Formation Activity Desired:**  
 Initial  Wingman Qualification  
 Requalification  Lead Qualification  
 Currency  Practice  
 Other: (please specify: \_\_\_\_\_)

CAF COLONEL Membership REQUIRED for Pilots, Backseaters, and <u>anyone</u> considering flying in any aircraft during the Clinic. If not a COLONEL, include.....	\$200.00	
CAF – TRARON Membership is also required for ALL Pilots. If you have not paid your 2009 Dues, include.....	\$25.00	
Clinic Fee	Pilot	\$255.00
	Backseater	\$100.00
	Check Pilot/ Instructor Pilot/ Marshaller/ Support Staff	N/C
NuB/Lead Ground Schools. For new pilots & those wanting to review. (Friday 4pm) FAST Clinic. REQUIRED FOR ALL PILOTS AND GROUND SUPPORT. (Friday 7pm)		N/C
Meal - Fee	Friday Lunch, Friday Dinner, Saturday Breakfast, Saturday Lunch, Saturday Dinner, Sunday Breakfast, and Sunday Lunch	\$125.00
Meal – Thursday evening	Kick-off Dinner	(individual checks - \$7-\$25 approx.)
Lodging	First 20 Reservations have the option of staying in the old BOQ at a reduced rate. The difference will be refunded at the Clinic.	
Lodging – Thursday		\$90.00
Lodging - Friday/Saturday and Transportation	<input type="checkbox"/> Single <input type="checkbox"/> Double	\$180.00 \$90.00
Lodging – Specify Preferences	If Double, state Roommate's name _____ (BOTH Reservations MUST be sent Together)	<input type="checkbox"/> Smoking <input type="checkbox"/> King bed <input type="checkbox"/> 1 <sup>st</sup> Floor <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Queen bed <input type="checkbox"/> 2 <sup>nd</sup> Floor <input type="checkbox"/> Handicapped <input type="checkbox"/> Double beds
Lodging	<input type="checkbox"/> None Required. I WILL BE STAYING (please specify): _____	N/C
There is no rain date and fees are nonrefundable after April 15, unless the clinic is canceled due to weather.		<b>TOTAL</b>
Late Registration	(POSTMARKED AFTER April 1, 2009)	\$50.00
MAKE CHECKS PAYABLE TO: CVSCAF/WCFC MAIL CHECKS TO: Stacey Roads, Coordinator 1995 N Buhach Rd, Atwater, CA 95301	<b>TOTAL DUE WHEN FORM RETURNED</b> (Sorry, no credit cards accepted.)	\$ _____