

# GA Mountain Fly-In Registration

## August 7th - 10th, 2008

Please complete form and mail to:

GA Mountain Fly-In  
C/O Cliff & Lisa Woodman  
201 Osprey Place  
Brunswick, GA 31525



Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Street Address (cont): \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Select any of the following options that apply:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be bringing a boat?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever attended the GA Mountain Fly-In before? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever attended any Fly-In before?             |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you plan on hydrofoiling?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever ridden a hydrofoil before?              |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the USA Water Ski Association?    |

Enter your estimated date and time of arrival:

\_\_\_\_\_

Any special requests and/or comments?

\_\_\_\_\_

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