



BLUE SKIES FLYING SERVICES

8411 Pyott Rd.
Lake in the Hills, IL. 60156
815-356-8121

Registration

Personal Information:

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-MAIL: _____ Driver License #: _____

Date of Birth: ____/____/____ Birth Certificate / Passport copy: _____

Emergency Contact Name: _____ Phone#: (____) _____

Employment Information:

Employed: Retired:

Work Phone: (____) _____ Occupation: _____

Flying and Medical History:

Certificate Number: _____ Total Hours: _____

Ratings: _____

FAA Medical: Class: _____ Date: _____ Restrictions: _____

Flight Review Date: _____ Aircraft Flown: _____

Renters Insurance Company: _____ Policy # _____ Exp Date: ____/____/____

Previous Flying at: _____ Date of Last Flight: ____/____/____

How Did You Learn About Blue Skies Flying Services: _____?

Credit Information:

All renters must keep a current credit card on file with us.

Credit Card Type: Visa MC Discover **Sorry, No AMEX**

Card Number: _____ Exp Date: ____/____/____

Card Number: _____ Exp Date: ____/____/____

X _____ Date _____

Signature on file for Credit Card for after hour's flights

I certify that I have read, understand and will comply with all provisions of the Blue Skies Flying Services, Inc. General Rules of Operation.

X _____ Date _____

Signature

X _____ Date _____

Consenting Parent or Guardian