

SARASOTA R/C SQUADRON
GUEST REGISTRATION FORM

When properly filled out and executed by both the Guest and the Sponsoring Member, this form entitles the Guest to flying privileges at the SRQ flying field for the date(s) stated below, not to exceed three (3) days.

GUEST (print) _____ AMA# _____

Address _____

City-State _____

Contact Phone# _____

Fly Turbine Aircraft? Yes _____ No _____ AMA Turbine Waiver Number _____

By affixing my signature hereto, I certify the following to be true.
I have been given a copy of the SRQ Field Rules and I have read, understand and agree to abide by them. Additionally, I acknowledge receipt of a Guest Badge that must be displayed, on my person, at all times while at the SRQ Field and returned to the sponsoring member at the end of each day.

GUEST SIGNATURE _____ DATE(s) _____

SRQ MEMBER (SPONSOR) (print) _____

SRQ MEMBER
SIGNATURE _____ DATE(s) _____