

The Great Balloon Race 2024 Pilot Entry Form

Pilot Name: _____

E-mail address: _____

Mailing address: _____

Cell Phone: _____ Pilot Cert. # _____

Total # of Hours (Min. of 100) _____ Commercial or Private (circle one) Name of Balloon:

_____ N-number _____

Manufacturer's Size _____ cu. ft.

Description (color/design) : _____

Please email us a picture of your balloon for publicity purposes to galesburgballoonrace@gmail.com.

Pilot's shirt size: **S M L XL XXL XXXL** (circle one)

You must have the following with you:

- * Aircraft airworthiness certificate (not a copy)
- * Operators manual
- * Aircraft logbook showing current 100 hour annual
- * Pilot License
- * Aircraft logbook showing you have 3 takeoffs and landings within the last 90 days and a flight review within the last 2 years.
- * A copy of your insurance policy for our files with a min. of \$100,000 per passenger and \$300,000 min. **Please send this back with your forms no later than June 1st.**

This is not a hold harmless agreement. My aircraft is airworthy to fly in The Great Balloon Race of 2024. I am aware of and agree with the responsibility legally transferred to me under the FARS in regard to my personal decision to fly my balloon and any bodily injury, and/or property damage resulting therefrom is my liability. I agree that none of the flights are mandatory and I will make all flights at my option, and my decisions as Pilot in Command (PIC) may affect my placement in this event should I choose not to fly. I agree to have in effect for the duration of this event a liability policy with third party liability and property damage liability limits in an amount required by the City of Galesburg, IL/Great Balloon Race. I agree The Great Balloon Race (i.e. Greg and Jackie Saul) and the sponsors of this event are providing me with the facilities and the means for my participation in this event, and in no way do they supersede the responsibility of the PIC as shown in the FARS. As PIC, I am, or will thoroughly familiarize my crew and my sponsors with all of the rules and safety procedures. I will abide by them and familiarize myself with the terrain, acceptable landing sites and local flying conditions associated with the event.

I CERTIFY THE ABOVE INFORMATION IS CORRECT AND AGREE TO ATTEND ALL PILOT BRIEFINGS.

Pilot's Signature _____ Date ____ / ____ / ____

**RETURN THIS FORM ALONG WITH \$75.00
to The Great Balloon Race, 136 N Ivan Ave, Galesburg, IL 61401 by June 1st**

Pilot Hotel/Crew Information for 2024

Pilot's Name _____

Preference: 2 beds or King bed (please circle)

Do you need an extra crew hotel room? Yes No If yes, how many? _____ How many crew members are you bringing with you? _____

How many additional local crew would you like? _____

Name(s) Room Should be Listed Under _____

Note: Hotel this year will be AmericInn by Wyndham, 2284 Promenade Ct, Galesburg, IL 61401. Pilot rooms will be provided at no cost. Crew rooms will be available at our cost and must be paid to The Great Balloon Race at pilot check in (give check or cash to Greg or Jackie).

Remember, The Great Balloon Race is not responsible for any phone calls, internet charges, movies that are ordered, roll-aways, room service or any other extras that can be charged to your room.

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The Great Balloon Race
136 N Ivan Ave, Galesburg, IL 61401
by June 1st**