Iowa Balloonist Association Continuing Education Seminar
February 25, 2017
St. Thomas Aquinas Pastoral Center
210 R63 Hwy& Hwy 92 West
Indianola, Iowa

Please **print** all information clearly and legibly.
Complete a separate form for each attendee. You may combine fees in one check.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alt. Phone _____

Pilot Certificate # _____ BFA # _____

Balloon 'N' Number _____ Insurance Provider _____

Would you like confirmation of your attendance sent to the BFA? Yes _____ No _____

Email address for receiving the newsletter _____

Student ____ Private ____ Commercial _____ Crew ____

Total Amount Enclosed $_____

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