



the great southeast Balloon Fest

August 29 – September 1, 2008
Anderson, South Carolina

For Office Use Only

Name _____
Pilot # _____
Entry Fee _____
Insurance _____
Waiver _____
T-Shirt _____
Picture _____
Date received _____
Liability Insurance Proof _____

PILOT ENTRY INFORMATION

Pilot Last Name: _____ First Name: _____

Address: _____ City, State, Zip: _____

Telephone Home: (____) _____ Cell: (____) _____ Other: _____

E-mail: _____

SS #: _____ - _____ - _____

License #: _____ Certificate Type: Commercial _____ Private _____

LTA PIC Hours: _____ * 50 hour minimum Date of Biennial: _____

BFA #: _____ Competition Committee: Yes _____ No _____

*You must be a resident of South Carolina to be named South Carolina State Champion.
A minimum of 6 SC pilots must compete.*

BALLOON INFORMATION

Balloon N#: _____ Balloon Name: _____

Manufacturer: _____ Year: _____ Size: _____

Last Annual Inspection: _____ Hours on Balloon: _____

Airworthiness Cert. Standard: _____ Experimental: _____

Special Shape: Yes _____ No _____ Corporate Logo: Yes _____ No _____

HOTEL INFORMATION

Do you plan to fly sponsors/media on Friday morning? Yes _____ No _____

Circle check in Friday 8/29/2008 or special date: _____

Circle check out Monday 9/1/2008 or special date: _____

Do you need a hotel room? _____ If yes # of people in room: _____

Room Preference: Double: _____ King: _____ Smoking: _____ Non Smoking: _____

INSURANCE INFORMATION

Insurance Co. Name: _____

Policy #: _____ Expires: _____

MINIMUM \$1,000,000 third party (bodily injury/property damage) and \$100,000 minimum passenger liability for each and every passenger carried with a insurance company with a BEST rating of at least B+ or its equivalent. **Please include Anderson County as an additional insured.**
******Please submit a copy with this form******

Chase vehicles must have auto liability insurance per South Carolina law.
****** Please submit proof with this form******

CREW REQUESTS

** Will you need us to provide crew? How many people: _____
If you do not request crew they may not be available.

SHIRTS

**Shirt Size: _____ Extra Shirts: Yes ___ No ___
How many: _____ Sizes" _____

Extra Shirts will be \$25 each. (Please include payment with this form.)

** *If needed will you fly an envelope banner for \$100?* Yes ___ No ___

** *If we have paid rides are you interested in participating?* Yes ___ No ___

Do you know any hot air balloon pilots who have died during the past year?

We want to include the names of all recently deceased pilots in our memorial flight.

If so, who? _____ Where did he/she live? _____

Do you know any potential sponsors for the event? Yes ___ No ___

If yes, who? _____ Contact Info: _____

Private Entry Fee \$100 (\$125 after June 15)

Commercial Logo Entry Fee \$800

I certify that the above information is true and correct to the best of my knowledge.

I agree to provide a flight for 2 sponsors during the event. I agree to carry a basket banner.

I agree to abide by the rules and regulations of this event. I agree to provide insurance information, pilot logbooks, balloon logbooks, balloon registration and airworthiness certificate at pilot registration.

Pilot Signature: _____ Date: _____

PLEASE RETURN TO: THE GREAT SOUTHEAST BALLOONFEST
P.O. BOX 8002
ANDERSON, SC 29622

www.GREATSOUTHEASTBALLOONFEST.com

TEL: (864) 260-4000

FAX: (864) 260-1000



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Pilot wavier

The Great Southeast BalloonFest **ACKNOWLEDGMENT OF RISK AND RESPONSIBILITY**
I hereby acknowledge that I am aware of and agree to accept the responsibility legally placed upon me under the Federal Aviation Regulations regarding my personal decision to fly my balloon at the Great Southeast BalloonFest. Any personal injury or damage to property resulting or arising from my participation in this event is solely my liability. I further acknowledge my understanding that none of the flights at the event are mandatory and that I am solely responsible for my decision to participate in any of the flights during the event.

I agree that Anderson County (the “County”), and its agents and volunteers (collectively, with the County, the “County Parties”), are merely providing me with an opportunity to participate in this event and no acts or omissions of any County Parties in any way supersedes my responsibilities as pilot-in-command of my balloon as provided in the Federal Aviation Regulations.

It is my understanding that I am in full and complete charge and control of my balloon and that I am responsible for all decisions made concerning all things or persons in or connected with said balloon on the ground or in the air. If County Parties supply information, guidance, or data, I understand that I will act or rely on all such information at my own risk, and said County Parties assume no responsibility for the completeness or accuracy of such information.

It is my understanding that the County Parties may inspect all balloons entered in this event; but that such inspection is only for the purpose of determining whether the aircraft complies with all rules of eligibility for this event. Any approval of the balloon by said County Parties does not constitute a representation or warranty of any kind or character whatsoever concerning the mechanical condition or airworthiness of the balloon. I have read and fully understand the foregoing representations and acknowledgements.

Date: _____

Signature

Print Name

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2008 BIOGRAPHY INFORMATION SHEET

*** Please be sure to enclose a photo of you and of your balloon***

PILOT NAME: _____

OCCUPATION: _____

BALLOON NAME: _____

BALLOON DESCRIPTION: _____

OF YEARS BALLOONING: _____ **# OF HOURS:** _____

INTERESTING FACTS: _____

BALLOONING AWARDS: _____

HOMETOWN: _____

LOCAL MEDIA OUTLET: _____

CONTACT, TELEPHONE or E-MAIL FOR LOCAL MEDIA: _____

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