

Paula Kiger-Hess
Chair of Balloon Events
Ph 2/2009

Sincerely,

923-7050.

If you have any questions or comments, please give me a call at (812) 736-4789 or (812)

Please respond before ~~July 30, 2011~~ ^{Aug 30} completing the enclosed application. The insurance policy must be included or we can not accept your application.

The Laneshville Heritage Committee will need to be listed as additional insured on your insurance policy. You will be reimbursed for the added cost of insurance (maximum) \$45.00 with proof of the coverage and a receipt.

Ferrelgas will refill your propane tanks after both events.

The sponsor, RE/MAX Advantage, would like to offer rides in conjunction with a marketing promotion. If you are willing to take riders we will pay you \$100.00 in addition to the prize money. Please let us know how many riders you can accommodate. All additional money will be donated to Children's Miracle Network.

Hot dinner will be provided on Balloon site after race!

Each non winning participant will receive \$50.00

1st place: \$400.00 2nd place: \$300.00 3rd place: \$200.00

The race will be held Saturday, September 10th. The prizes are as follows:

Our Annual festival is rapidly approaching and we are planning for the balloon events. The Glow will be held on Friday night, September 9th. Each balloon will be paid \$100.00 for their participation. In addition, Friday night we will have a surprise dinner on site.

Dear Balloonist:

Laneshville Heritage Committee

Lanesville Heritage Weekend Hot-Air Balloon Glow and Race

2011

Lift-Off _____ Please check one
Glow _____
Both _____
Rider (s) _____
Please List # of Rider (s) or None _____

Pilot Information

Name: _____
Address: _____
City: _____
Home #: _____
Fax #: _____
Certificate #: _____
Date of Last BFR: _____
Hours logged in Balloon: _____

Balloon Information

Manufacturer: _____
Registration #: _____
Date of last annual Inspection: _____
Hours on Balloon: _____
Year: _____
Model: _____
Insurance Company: _____
Policy Expiration: _____

I certify that the above information is accurate in every detail.

Signature _____
Date _____

***** A copy of your unexpired insurance policy must be enclosed with your application. The policy must list the Lanesville Heritage Committee as an additional insured. *****