



The Ninety-Nines, Inc.
4300 Amelia Earhart Drive, Suite A
Oklahoma City, OK 73159
Ph. (405) 685-7969, 800-994-1929
Fx. (405) 685-7985

**REQUEST FOR INSURANCE
 CHAPTER FLYING EVENT – FORM A**

<p>This confirms that a motion to Sponsor and conduct this flying Event was passed and recorded in The Minutes of the Chapter meeting held on:</p>
Date
Signature
<p><u>For Chapter Use:</u></p> <p>Cost of Event: \$125 per day of event \$125 per impound day</p> <p>Payment Enclosed: _____</p> <p>Make Check Payable to: <i>The Ninety-Nines, Inc.</i></p> <p>Mail to: The Ninety-Nines, Inc. 4300 Amelia Earhart Drive., Suite A Oklahoma City, OK 73159</p>

****NOTE:** *Hang gliders, ultralights, built for military aircraft and aircraft carrying more than 50 passengers are NOT covered. ***

FOR HEADQUARTERS USE ONLY:
Certificate sent to Chapter on:
Date

Name of Chapter sponsoring the Flying Event	
Name of Member in charge of Event	
Address	
City, State, Zip	
Signature of member in Charge	
Phone Number	
Fax Number	
Impound Dates (If Any): _____	
Rain Dates (If Any): _____	
Dates of Event: From _____ to _____	
Type of Event: <input type="checkbox"/> Air Tour-Local <input type="checkbox"/> Air Tour-Cross <input type="checkbox"/> Country <input type="checkbox"/> Airplane Rides <input type="checkbox"/> Pennies-A-Pound <input type="checkbox"/> Charity Airlift <input type="checkbox"/> Poker Run <input type="checkbox"/> Spot Landings <input type="checkbox"/> Young Eagles Rally <input type="checkbox"/> Other (Describe below)	Additional Insured (Only if required)
	Name
	Address
	City, State, Zip
	Phone
	Fax

FOR HEADQUARTERS USE ONLY:	
Payment received on:	Paid by:
Date	Check # _____
	CC Auth. # _____