



# *Dreams On Wings*

Dear Dreams On Wings Pilot,

Thank you for volunteering to fly in the 13<sup>th</sup> annual Dreams On Wings program. Your donation of your time and resources will help children and their families continue their fight against serious illnesses. Our goal is simple—to share the thrill of flying with these families and to give them an opportunity to take a break from their daily struggle.

Attached you will find a registration form for the event. Please complete it and send it to the address listed. Once you do this we will be counting on you to help us. If for some reason your plans change and you are unable to participate, please contact us as soon as possible so we can adjust our plans accordingly.

We will be operating from Atlantic Aviation Hangar 8 on the east side of the airport and plan on starting the flying at approximately 9 AM on Saturday, May 13<sup>th</sup>. We will have a pilot briefing at 8:30 that will include a safety, weather, and route briefing, and give you an opportunity for questions. Please plan your arrival to where you can attend the briefing.

Once again, thank you. If you have any questions, please contact us at [dreamsonwingsbhm@gmail.com](mailto:dreamsonwingsbhm@gmail.com), or call us at (205) 417-7003 or (662) 574-3218.

*“Giving children faced with serious illness the experience and joy of flight which pilots feel privileged to share”*



## *Dreams On Wings Pilot Registration Form*

PIC's Name: \_\_\_\_\_

PIC's Address: \_\_\_\_\_

\_\_\_\_\_

PIC's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type Aircraft: \_\_\_\_\_ N number: \_\_\_\_\_

# Seats Available \_\_\_\_\_ # of Flights You Can Do \_\_\_\_\_

Total PIC Time \_\_\_\_\_ Instrument Rated (Y/N): \_\_\_\_\_

Total Instrument Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Attach a copy of your pilot certificate, medical and aircraft insurance certificate. Mail, email or fax these documents to:

Dreams On Wings  
P.O. Box 361301  
Hoover, AL 35236  
Fax: 800.878.7745  
dreamsonwingsbhm@gmail.com

I certify that I am current and qualified and meet all requirements listed in FAR Part 61.57.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If you have any questions, please call: (205) 417-7003 (Alabama) or (662) 574-3218 (Mississippi) or email dreamsonwingsbhm@gmail.com.

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