

**20__ - 20__ REGION __ SAFECON
CONTESTANT REGISTRATION FORM**

The information requested below is required data for the NIFA scoring program. This information **IS NOT** shared with any person, business, or organization outside of NIFA .

School: _____ Sex: ___ Male ___ Female

Last Name: _____ First Name: _____ Middle Name: _____

Expected graduation date: _____

Mailing address when in school: _____

City State Zip

Mailing address when not in school: _____

City State Zip

Name of parent or guardian: _____

Relationship: _____

Address: _____ Phone: _____

City State Zip Work: () - _____
Home: () - _____

Pilot Certificate Number or Social Security Number for non-pilot contestants: _____ - _____ - _____

How many regional SAFECONS have you competed in? _____

How many national SAFECONS have you competed in? _____

Place an "X" in the space next to each of the following licenses or ratings you possess:

Private _____ Instrument _____ Flight Instructor _____
Commercial _____ Multi-engine _____

What is your total flight time? _____ hrs.

What hotel are you staying at? _____