

2012 Lisle Eyes to the Skies Festival Insurance Verification Form

This certifies to the Lisle Eyes to the Skies Festival, the officials, the Village of Lisle, IL, the Lisle Park District, and Lisle School District 202, and all sponsors to the Lisle Eyes to the Skies Festival that the following described policy providing aviation insurance have been issued to:

Name of Insured: _____

Address: _____

Additional Pilots Listed: _____

Name of Insurance Company: _____

Policy Number: _____

Policy Period: _____

I authorize my insurance company to provide a Certificate of Insurance to:

Signature

Date

The Lisle Eyes to the Skies Festival

Attn: Guy Gauthier, Balloonmeister
5103 W. Marshall Ave.
Longview, TX 75604

Phone: 903-297-0003 Office
903-235-8333 Cell
903-295-0444 Fax

Email: guyg@balloonrepair.com

Should any of the above policies or coverage be decreased or canceled prior to or during the 2012 Lisle Eyes to the Skies Festival ten (10) days written notice will be provided to The Lisle Eyes to the Skies Festival Committee at the address listed above. Failure to mail such notice shall impose no obligation or liability of any kind upon the Festival, its agents or representatives.

THIS FORM MUST BE RETURNED WITH YOUR PILOT REGISTRATION & ENTRY AGREEMENT