

Mission Ridge Keyholder Application

Applications **MUST** be received by the **last Tuesday in February** for key allocations at the March WOR meeting. Applications received after the last Tuesday in February will be processed after the March WOR meeting. Allocated keys will be distributed **ONLY** at WOR meetings.

Name: _____

Address: _____

Phone Number (Published in Flight Line): (____) _____

Additional Contact Phone Number: (____) _____

E-mail Address: _____@_____.____

USHPA Number: _____ USHPA Expiration Date (month/year): _____ / _____

Vehicle Information: Note: Vehicle information is made available to the EBRPD rangers.

Year: _____ Make: _____ Model: _____

Color: _____ License Number: _____

Rack Capacity: Number of Hang Gliders: _____ Number of Passengers: _____

Fire Extinguisher

Shovel

Site Usage (Check One or Both): Weekdays Weekends

Applicants must be current USHPA and WOR members and must provide proof of vehicle insurance with a minimum of \$500,000 of Bodily Injury coverage per incident.

All applicants must complete and print this form and mail to the Mission Site Chair, along with copies of the USHPA and WOR cards and proof of insurance. Mailed forms must be received by the last Tuesday in February. The Mission Site Chair will perform a vehicle rack check prior to issuing a key.

I am applying for a key to Mission Ridge. I understand the gravity and responsibility inherent in receiving Keyholder privileges. I understand and will comply with the Mission Ridge Site Procedures and Regulations. I will maintain the required vehicle insurance and memberships in both USHPA and WOR during my entire tenure as Keyholder. I will comply with all requirements and rulings deemed necessary by the site committee. I understand that I may be subject to the loss of key and/or flying privileges, or other punitive measures, if so deemed by the Site Committee.

Applicant Signature _____ Date _____

Return completed applications to Mission Site Chair:

Chris Valley
 1402 Cedarwood Drive
 San Mateo, CA 94403

Please do not write below this line. Site Committee use only.

USHPA Advanced _____	WOR Member _____
Insurance Amount _____	Rack Capacity _____
Key Deposit _____	Old Key Returned _____
Fire Extinguisher _____	Shovel _____