

## **EAA 690**

## REQUEST for USE of the CHAPTER HANGAR

Your Name	EAA Number	
Phone Number	Cell Phone Number	
E-Mail Address	Date of Request_	
Event Name	Dates:	to
Rain Date	to	
Will any person(s) or organization	n(s) require Additional Insured status?	
If so, who?		
Will the Chapter sign any contract	cts, leases or any other agreements?	
Will any vendors or exhibitors be	e participating in this event?	
Estimate of attendance: EAA Me	mbersGeneral Public	
FOR CHAPTER USE ONLY:		
BOD: Schedule OK?	Event Coordinator(Member)	
Date EAA Insurance Coordinator	notified? EAA response:	
EAA conditions:		
APPROVED: BOD	Insurance Coordinator	
Notes:		