**Cost**

**Rides purchased before the Monday before the festival weekend: $250.00**

**Rides purchased Monday-Thursday of festival week and the festival weekend: $275.00**

**Cancelation**

**All rides are scheduled during the festival weekend. All flights are weather -dependent and rides are not guaranteed. In the event the flight isa cancelled, the original purchase price will be refunded.**

**Ticket Delivery**

**Ride tickets will be mailed out during the month of July. Ride tickets must be given to the pilot prior to your ride.**

**Launch Fields**

**Balloons are launched from our main field at Simard Payne Memorial Park and at times remote launch fields. The location you will meet your pilot at will be listed on your ride ticket.**

**Passenger Information**

**Passenger Name Passenger Weight**

**Mailing Address**

**Phone Alternate Phone**

**Email Address**

**Preferred Flight**

 **Friday AM Friday PM Saturday AM Saturday PM Sunday AM Sunday PM**

**Payment**

* **Check (Payable to Great Falls Balloon Festival)**
* **Credit Card Number \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Exp Date \_ \_ /\_ \_ CVV**

**Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of Passenger Responsibility**

* **I acknowledge and understand that my participation in a hot air/gas balloon flight is a potentially hazardous activity and that during my participation in a hot air /gas balloon flight conducted by a pilot, I will be exposed to risks.**
* **I understand that although the pilot has taken precautions to provide equipment and safety preparations for each flight, it is impossible for a pilot to provide absolute safety.**
* **I understand that I share the responsibility for safety in flight and I assume that responsibility.**
* **I have accepted responsibility to verify with my physician that I have no physical or psychological conditions that would prohibit me from participation in the hot air/gas balloon flight and I agree to comply with the instructions and directions of the pilot during the flight.**
* **I am over the age of 18 or being accompanied by an adult.**

**Passenger Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail Completed Form & Payment to:** GFBF PO Box 1238 Auburn, Maine 04211

For More Information, Please Email Rides Coordinator: rides@greatfallsballoonfestival.org

**www.greatfallsballoonfestival.org**