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: | | | | |
| 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 | | | | |

Read the Mission Ridge Site Procedures here.

Complete this application and submit with the following:

- A copy of vehicle insurance pages with your name, vehicle description, policy date, and proof of vehicle insurance with a minimum of \$500,000 of Bodily Injury coverage per incident.

- A copy of your USHPA membership card showing current membership. You can have a .pdf copy of your card emailed to you when you login to the USHPA web site.

- A copy of your WOR membership card for the current year of the February WOR meeting.

Vehicles for new applicants must be inspected by the Mission Site Committee prior to issuance of a key. Vehicles for existing key holders must be inspected by the Mission Site Committee prior to entering Mission Peak Regional Preserve.

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

| е | Date | |
|---|------|--|
| | | |

| Return completed applications to Mission Site Chair: | |
|--|--|
| missionchair@wingsofrogallo.org | |
| | |

Roy Spencer 2736 Benton Street Santa Clara, CA 95051

Applications submitted by email are processed faster.

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 |