Flight Team Registration Form

Copy Distribution
1. Support Ship
2. Sector Chief
3. Regional Coordinator

☐ Correspondence Group
☐ Meeting Group

The International Star Trek Fan Club

REGION 4

Please Print all Information Clearly		
Flight Team Name:	Support Ship name:	NCC #:

Commanding Officer Information			Executive Officer Information		
Name:			Name:		
Address:			Address:		
City, State:	Zip:		City, State:	Zip:	
Email:	Phone: ( )		Email:	Phone: ( )	
SCC#:	Date of Birth:		SCC#:	Date of Birth:	
Membership (Attach Copy)	Signature:	Date:	Membership (Attach Copy)	Signature:	Date:
City of Chapter	City:	Chapter Mailing Address	Address:		
	State:		City, State:		
	Country:		Zip:		

Please print name, SCC#, and Address of all STARFLEET Members assigned to this Flight Team.
(minimum of 3 for flight team, Must include copies of membership cards — use additional sheets, if necessary.)

Support Ship CO:	Signature:	Date:
Sector Chief:	Signature:	Date:
Regional Coordinator:	Signature:	Date: