



# FAX . FORM

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## Order Trial Flight Vouchers

Title: \_\_\_\_\_

Name - Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Helicopter:	<input type="checkbox"/>	½ hour	BELL JET Ranger 206B	CHF 600.--
	<input type="checkbox"/>	1 hour	BELL JET Ranger 206B	CHF 1200.--
	<input type="checkbox"/>	½ hour	EUROCOPTER EC120B	CHF 720.--
	<input type="checkbox"/>	1 hour	EUROCOPTER EC120B	CHF 1440.--

Voucher for: \_\_\_\_\_

Remarks: \_\_\_\_\_

City: \_\_\_\_\_, date \_\_\_\_\_

Signature: \_\_\_\_\_