

# Flight Experience Program

Please Mail To:  
 Lone Star Flight Museum  
 Attn: Flight Program  
 P. O. Box 3099  
 Galveston, TX 77552  
 Fax: (409) 740-7612

Please fill out this form completely and mail with your payment. We accept personal checks, money orders and \*\*\*all major credit cards. Once received, your request will be processed and a confirmation letter will be sent to you. If you would like a gift certificate please be sure to give the person's name. If you have any questions, please do not hesitate to call 1-888-FLY-LSFM or email at [flight@lonestarflight.org](mailto:flight@lonestarflight.org).

<b>Personal Information</b>		
Name of Purchaser:		
Home address (Street):		
(City, State Zip Code):		
Home phone:		
Mobile phone:		
E-mail address:		
Member of Lone Star Flight Museum:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enter the number of slots on the individual aircraft:		
____ (\$425) B-17 Flying Fortress ____ (\$375) B-25 Mitchell ____ (\$1,995) P-51 Mustang	____ (\$290) T-6 Texan ____ (\$225) PT-17 Stearman ____ (\$225) T-41 Muscalero	
**Gift Certificate requested:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name on gift certificate:		
Address certificate is to be sent to (if different from above):	c/o:	
(Street):		
(City, State Zip):		
***Credit Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> DISC	
***Credit Card Number:		
***Expiration Date (MM/YY):		
***Name on card:		
Special Instructions:		

\*\* Gift certificates will be mailed in a manila envelope. No part of the Lone Star Flight Museum's name or logo will be on the envelope to help in discretion.

### LSFM USE ONLY

<b>Confirmation #</b>	
<b>Amount Owed:</b>	
<b>Ride Scheduled:</b>	
<b>Completed:</b>	