



ADVENTURE AIR PASSENGER MANIFEST/REGISTRY

DATE: _____

DESTINATION: _____

* (Please X) IF MANITOBA LICENSE IS REQUIRED _____

AIRCRAFT/PILOT _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ POSTAL/ZIP _____

CITY _____ POSTAL/ZIP _____

*DOB _____

*DOB _____

PHONE # _____

PHONE# _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ POSTAL/ZIP _____

CITY _____ POSTAL/ZIP _____

*DOB _____

*DOB _____

PHONE # _____

PHONE# _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ POSTAL/ZIP _____

CITY _____ POSTAL/ZIP _____

*DOB _____

*DOB _____

PHONE # _____

PHONE# _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

NAME _____

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ADDRESS _____

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CITY _____ POSTAL/ZIP _____

*DOB _____

*DOB _____

PHONE # _____

PHONE# _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____