## **LANDOWNER PERMISSION FORM**

Email this completed form to headquarters@tripoli.org
You can also mail the form to Tripoli Rocketry Association, PO Box 87, Bellevue, NE 68005

You can also mail the for	m to Tripoli Rocketry Association, PO Box	887, Bellevue, NE 68005
	LANDOWNER	
NAME		
ADDRESS	CITY	STATE ZIP
PHONE	EMAIL	
	LAUNCH VENUE LOCATION	
Provide the location of the launch location. Addres	sses or GPS information.	
I hereby give permission to the members	of the Tripoli Rocketry Association to	hold a launch on the property listed
below. Please add the below as a certific	ate holder and issue a certificate of li	ability insurance.
LANDOWNER SIGNATURE		DATE
		5/112
	TRIPOLI	
PREFECTURE NAME	IIIII OLI	PREFECTURE #
THE ESTONE WITE		THE ESTORE "
NAME		TRA #
ADDRESS	CITY	STATE ZIP
PHONE	EMAIL	
TRA MEMBER		DATE