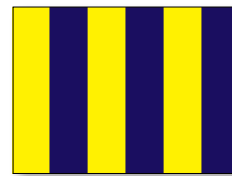


SAVE THE DATES

2025 PILOTS WEEKENDS

MAY 3-4 | OCTOBER 18-19

INTERNATIONAL
SIGNAL FLAG "G"



"I require a PILOT"

Fall Registration Deadline: September 26, 2025

PILOTS program dues for 2025 are \$150 per person/per weekend. Dues cover breakfast, lunch, cocktails, appetizers, and dinner on Saturday, and a continental breakfast on Sunday. (Other dues listed below.)

	SPRING MAY 3-4	FALL OCTOBER 18-19	ANNUAL 2025
ACTIVE PILOTS \$150.00 Per person per weekend. Full participation (\$95 is tax deductible).	_____	_____	_____
YOUTH PILOTS \$85.00 Full participation (\$28 is tax deductible).	_____	_____	_____
SOCIAL PILOTS \$85.00 Cocktails and dinner (\$28 is tax deductible).	_____	_____	_____
EMERITUS PILOTS \$85.00 Per household per year. Unable to attend but wish to support the PILOTS. (100% is tax deductible).			_____
ADDITIONAL DONATION TO SUPPORT THE PILOTS PROGRAM \$35			_____
TOTAL			_____

Please make checks payable to Mystic Seaport Museum and indicate PILOTS DUES in the memo line.

If you would like to pay via debit or credit card, please call the phone number below with your payment information, and mail in your completed registration form by March 15 (for spring) / September 1 (for fall).



PLEASE FILL OUT BOTH SIDES AND MAIL TO:

Mystic Seaport Museum
Attn: PILOTS
75 Greenmanville Avenue
Mystic, CT 06355

For questions, comments, or concerns please call 860-572-0711 ext. 5005 or email kara.oulihan@mysticseaport.org.

REGISTRANT 1 (please print)

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Best Phone Number _____ ☐ Mobile ☐ Home ☐ OfficeMy preferred contact method is ☐ Email ☐ PhoneI am registering as ☐ Active PILOTS ☐ Youth PILOTS ☐ Social PILOTS ☐ Emeritus PILOTS

Nickname you would like on your nametag (optional) _____ Year you first joined PILOTS _____

Please check all that apply, if desired, so we can help match you with the perfect work project and meal options:

☐ I have dietary restrictions. Please describe: _____☐ I have an allergy and/or health condition that could affect my ability to perform certain tasks or be in certain environments.

Please describe: _____

☐ I have certain skills and/or expertise that staff project leaders may call upon for help with related PILOTS weekend work projects. (Ex: rope splicing, carpentry, painting, gardening, sewing, cataloging, etc.) Please list and/or describe skills to be added to our PILOTS skills bank: _____☐ I need to sit during my work project, and avoid climbing stairs and walking from one end of campus to the other.☐ I am interested in being considered for a seat on the PILOTS Steering Committee in the future.

Is there anything else you would like us to know about you? _____

REGISTRANT 2 (please print)

Name _____ Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Best Phone Number _____ ☐ Mobile ☐ Home ☐ OfficeMy preferred contact method is ☐ Email ☐ PhoneI am registering as ☐ Active PILOTS ☐ Youth PILOTS ☐ Social PILOTS ☐ Emeritus PILOTS

Nickname you would like on your nametag (optional) _____ Year you first joined PILOTS _____

Please check all that apply, if desired, so we can help match you with the perfect work project and meal options:

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