



Please fill out the highlighted fields below. This form must be turned in prior to your first flight.

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____

Preferred time (s) to fly _____

Emergency Contact:

Name _____ Relationship _____

Address _____ City/State/Zip _____

Phone(s) _____

Renter

Staff – Please attach a copy of one or more of the following: REQUIRED

- BFR Date _____
- Medical Class/Date _____
- Aircraft Check Out date _____
- Type Certificate _____
- Type(s) of aircraft flown _____

- Total time _____

Applicant Signature _____ Date _____

Instructor Signature _____ Date _____