

FLIGHT TRAINING – APPLICATION

Please print clearly and fill in all sections

Legal Last Name (surname)		First Name (legal)		Middle Name (legal)	
Address		Former Surname		Gender (M / F)	Citizen of
City		Date of Birth (yyyy-mm-dd)		Place of Birth	
Province	Postal Code	Phone Cell	Home	email	

Next of Kin – Emergency Contact

Name	Cell Phone	Day Phone
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Flight Training Enrollment:

Check Appropriate Box \checkmark

Introductory Flight	<input type="checkbox"/>	Initial/Recurrent Pilot Competency Check	<input type="checkbox"/>
Ultra-light Pilot – Program 1, Part 1	<input type="checkbox"/>	Mountain Flying Endorsement	<input type="checkbox"/>
Ultra-light Pilot – Program 1, Part 2 Passenger Carrying Rating	<input type="checkbox"/>	Advanced Navigation Endorsement	<input type="checkbox"/>
Advanced Ultra-light Pilot with Passenger Carrying Rating	<input type="checkbox"/>	Ultra-light Flight Instructor Rating	<input type="checkbox"/>

Services Required:

Home Stay Accommodation	<input type="checkbox"/>	Number of weeks required: _____
Medical Declaration Assistance	<input type="checkbox"/>	

Desired Start Date	Yyyy-mm-dd	Application Fee \$50.00	<input type="checkbox"/>
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Note: Applicants under the age of 19 years must have both parents' consent, confirmed by signatures.

Parent _____	X _____
Parent _____	X _____
Witness _____	X _____
Print Names	Signatures