



Student Registration Form

Full Name: _____

Address: _____

Phone: _____ (home) _____ (work)

E-mail Address: _____

Date of Birth: _____ Nationality: _____

In case of emergency, contact _____ Phone: _____

I wish to register for the course(s) indicated:

Private Pilot Ground School

Instrument Rating

Commercial Pilot Ground School

Mountain Checkout

IFR Ground School

Instructor Rating

Recreational Pilot Permit

Multi Engine Rating

Private Pilot License

Multi Engine Instrument Flight Rules (MIFR)

Commercial Pilot License

Single Engine Instrument Flight Rules (SIFR)

VFR Over-The-Top Rating

Multi Engine Instrument Rating

Night Rating

Single Engine Instrument Rating

Signature: _____

Date: _____