

Air Sailing CFIG Camp Registration Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ home work cell (circle one)

CFI Certificate Number _____ or writtens passed _____

CFIG since (date) _____ expiration _____

Total time _____ hr Total Glider time _____ hr No. flights _____

Glider instruction given to date _____ hr Number of students soloed _____

Club or FBO affiliation, if any _____

Which glider types (make/model) do you usually fly? _____

_____ (list)

In which glider types (make/model) do you usually instruct? _____

_____ (list)

How many gliders are based at your field? _____ How many airplanes? _____

How many glider pilots are based at your field? _____, including _____ student pilots

How many runways does your field have? _____ Type of surface? _____

At your field, which launch methods are available? aerotow winch auto

What is the average distance of your own 10 longest cross-country flights? _____

What are your personal goals for this Camp? _____

_____ (list)

What topics or issues would you most like to see addressed during this Camp? _____
