

**Williams Soaring Center
Pilot Information**

Name		Email:	
Address			
City, State Zip			
Home #:		Cell #:	
Work #:		Other #:	
Policies, Rate & Insurance Reviews		Date:	Initials
Certificate #			
Ratings			
Solo Date		Badges	Date
Student Certificate		A	
Private Pilot Chk Ride		B	
Commercial Pilot Chk Ride		C	
CFIG Chk Ride		Bronze	
BFR Dates	90 Day Endorsements	Silver Duration	
		Silver Distance	
		Silver Altitude	
		Gold Altitude	
		Gold Distance	
		Diamond Distance	
		Diamond Goal	
		Diamond Altitude	
Aircraft Check Out			
Duo	Back Seat		
ASK-21	Back Seat		
ASK-23			
ASW 24			
ASH 25			
N. Wind Opps			
ACRO			
Emergency Contact	Name	Relation	Phone
WSC Waiver: I have read and agree to comply with all WSC policies, procedures, and the FAR's. I certify that the statements made on this form are true to the best of my knowledge and no information is withheld which would adversely affect my pilot rating with any insurer. I understand that I am responsible for any damage incurred during my operation of the aircraft.			
Pilot Signature			Date
Instructor Signature			Date