

Williams Soaring Center Pilot Information

FULL LEGAL NAME		Nick Name:	
Address			
City, State Zip			
Email:			
Home #:		Cell #:	
Certificate #		Work #:	
Ratings Held Class & Catagory:			
Glider Solo Date / /	Prvt Gldr Chk Ride / /	Badges	Date
Com Gldr Chk Ride / /	CFIG Chk Ride / /	A	
BFR Dates	90 Day Endorsements	B	
		C	
		Bronze	
		Silver Duration	
		Silver Distance	
		Silver Altitude	
	SD Card / /	Gold Altitude	
Binder	WSC Website	Gold Distance	
Student Lic.	Forum	Diamond Distance	
IACRA	VSA	Diamond Goal	
FTN #	SSA	Diamond Altitude	
Aircraft Check Out			
ASK-21B	Back Seat	Cancelation Notice:	
ASK-21Mi	Back Seat	Motor	
ASG-32 Mi	Back Seat	Motor	
ASK-23		Areas Checked Out	
ASW 24		3-Sisters	
MDM FOX		Walker	
N. Wind Opps		Goat	
ACRO		Other	
Policies, Rates & Insurance Reviewed		Date:	Initials:
Emergency Contact	Name	Relation	Phone
<p>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.</p>			
Pilot Signature			Date
Instructor Signature			Date

Google Doc: _____ Google Doc. Photo: _____ QuickBooks: _____ Scanned: _____

