

Williams Soaring Center Pilot Information

Name		Email:	
Address			
City, State Zip			
Home #:		Cell #:	
Work #:		Other #:	
Certificate #		Ratings Held:	
Solo Date / /	Prvt Chk Ride / /	Badges	Date
Com Chk Ride / /	CFIG Chk Ride / /	A	
BFR Dates	90 Day Endorsements	B	
/ /	/ /	C	
/ /	/ /	Bronze	
/ /	/ /	Silver Duration	
/ /	/ /	Silver Distance	
/ /	/ /	Silver Altitude	
/ /	/ /	Gold Altitude	
/ /	/ /	Gold Distance	
/ /	/ /	Diamond Distance	
/ /	/ /	Diamond Goal	
/ /	/ /	Diamond Altitude	
Aircraft Check Out			
ASK-21	Back Seat		
ASG-32 Mi	Back Seat	Motor	
ASK-23			
ASW 24			
MDM FOX			
N. Wind Opps			
ACRO			
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