

## Williams Soaring Center Pilot Information

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

