



Surname	First Name	E-mail address	Phone Number
SIV date (first day)	Club	Total Weight in Flight	Date of Birth (dd/mm/yy)
Certification of your Glider:	<input type="checkbox"/> EN A Vultige	<input type="checkbox"/> EN B	<input type="checkbox"/> EN C <input type="checkbox"/> EN D <input type="checkbox"/>

Glider : Model, Color, Size	
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Which of the following courses have you already completed?	SIV / pilotage	Cross	Acro / Voltige
Date of these courses			

Details of your Insurance	
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What are your expectations or goals for the course?

What are your strong points?	What are your weak points?

What are your favourite flying conditions?	What are your flying fears ?

Please detail your flying experience (years or hours per year)	
Where are you in the weight range: Top/Middle/Bottom	
Where is your reserve mounted? back/ side/ front/ under the seat	
Type of reserve/ last packing date	
Health informations if required (allergy...)	
I can swim in case I pull my reserve above the lake	YES NO

Remarks