

Customer Registration Form

First Name Middle Initial Last Name

Street Address

City Province Postal Code

Home Number E-mail

Work Number Fax Number

Permanent Address (if different from above)

Street Address

City Province Postal Code

Contact Person

First Name Middle Initial Last Name

() () ()

Home Phone Work Phone Cell Phone

Flying Experience (complete where applicable)

License Validation Certificate Number: _____

Licence Number: _____ Licence Type: _____

School where previous flight training took place: _____

Date completed Training: _____ Total Flight Hours: _____

Training Objectives:

Recreational Flying ☐

Career in Aviation ☐

Training Enrolled:

Private Pilot Licence (PPL) ☐

Summer Camp PPL ☐

Other (please specify) _____

How Did You Hear Of Southern Interior Flight Centre?

OFFICE ONLY

Date Signed Up: _____

Flight Training Signed Up For: _____