Courtenay flight center

Student Registration Form

Full Name: _____

Address: _____

_____

Phone: _____ (home) _____(work)

E-mail Address: _____

Date of Birth: _____ Nationality: _____

In case of emergency, contact _____ Phone: _____

I wish to register for the course(s) indicated:

- ☐ Private Pilot Ground School
- ☐ Commercial Pilot Ground School
- ☐ IFR Ground School
- ☐ Recreational Pilot Permit
- ☐ Private Pilot License
- ☐ Commercial Pilot License
- ☐ VFR Over-The-Top Rating
- ☐ Night Rating
- ☐ Instrument Rating
- ☐ Mountain Checkout
- ☐ Instructor Rating
- ☐ Multi Engine Rating
- ☐ Multi Engine Instrument Flight Rules (MIFR)
- ☐ Single Engine Instrument Flight Rules (SIFR)
- ☐ Multi Engine Instrument Rating
- ☐ Single Engine Instrument Rating

Signature: _____

Date: _____

submit reset

Return in person, by **fax** at **250-752-8771**, or by **e-mail** at **cfi@courtenayflightcenter.com**