Customer Information (Veteran)

Full Name: _____ _____
First *Last*

Address: _____ _____
Street Address *Apartment/Unit #*

_____ _____ _____
City *State* *ZIP Code*

Phone Number: _____

Email Address: _____

Your Stats: _____ _____ _____ _____ _____
Age *Birthdate* *Gender* *Height* *Weight*

Certificates Held: _____

Flight Time: _____ Medical Class: _____ Date: _____

Courses Desired: _____

Days of Week & Times Available for Training: _____

What airplanes have you flown the most recently? _____

Do you have any health conditions or current medications that we should be aware of? ☐ Yes ☐ No

If yes, please explain: _____

Emergency Contact: _____ _____ _____
Name *Relation* *Phone Number*

How did you hear about us? _____

Signature: _____ _____
Date