

Hope Gliding Centre

2009 GLIDING COURSE REGISTRATION FORM

Surname	<input type="text"/>	Initials	<input type="text"/>	Title	<input type="text" value="Mr. Mrs. Ms."/>
PLEASE PRINT					
Preferred Forename	<input type="text"/>	Year of Birth	<input type="text"/>		
Address	<input type="text"/>	Home Tel	<input type="text"/>		
	<input type="text"/>	Work Tel	<input type="text"/>		
	<input type="text"/>	Cell	<input type="text"/>		
E-Mail	<input type="text"/>	Occupation	<input type="text"/>		

Please select in the boxes
our Preference & Alternate:

Course #	
May 4-8, 2009	<input type="checkbox"/>
June 8-12, 2009	<input type="checkbox"/>

Flying Experience: ___ None ___ Glider but not to solo ___ Solo ___ Power
(Please Check)

Your Course Expectations?

How did you hear about the gliding courses ?

Mail to: Hope Gliding Centre
 8926 Queen Mary Blvd.
 Surrey, B.C.
 V3V 6R1

Deposit of \$250 Per Course Attached.
(Payable to Vancouver Soaring association)

Signed _____

Date _____