

SoaringNV, LLC Pilot Information

Please Print Clearly

Name:	Date:
Street Address:	
City, State, Zip:	
Home Phone:	Cell Phone:
E-Mail Address:	
Date of Birth:	
Glider Owned:	Tail Number:

Emergency Contact:	
Phone:	Relation:

Certificate #	BFR Date
Ratings	
Gliders Flown:	
Badges held: <input type="checkbox"/> Bronze <input type="checkbox"/> Silver Dur. <input type="checkbox"/> Silver Dist. <input type="checkbox"/> Silver Alt. <input type="checkbox"/> Gold Dist. <input type="checkbox"/> Gold Alt. <input type="checkbox"/> Diamond Dist. <input type="checkbox"/> Diamond Goal <input type="checkbox"/> Diamond Alt. <input type="checkbox"/> Diamond Dist. <input type="checkbox"/> Diamond Goal	

SoaringNV Waiver: I have read and agree to comply with SoaringNV policies as described in the "Standard Operating Procedures for SoaringNV at the Minden-Tahoe Airport", Minden-Tahoe Airport Rules and Regulations, and the FAR's. I certify that the statements made on this are true to the best of my knowledge.

Pilot Signature	Date
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The following section will be filled out by SoaringNV staff

Checkouts (checkout form must be signed by an instructor)

<input type="checkbox"/> Duo Discus <input type="checkbox"/> Duo Discus X <input type="checkbox"/> ASK-21 <input type="checkbox"/> SGS 2-32 <input type="checkbox"/> LS-4 <input type="checkbox"/> Discus <input type="checkbox"/> _____	<input type="checkbox"/> Area <input type="checkbox"/> Wave <input type="checkbox"/> Wave Window <input type="checkbox"/> Cross-Country
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