

## Soaring Safaris Booking Form

### Flying Period Required:

Date to Start Flying: First Choice  Second Choice   
Date of Last Flight: First Choice  Second Choice   
Glider Type:

### Pilot Information:

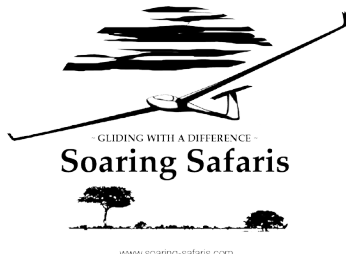
First Name  Surname   
Nick Name  Date of Birth   
Glider Pilots License Y  N  Expiry Date   
Glider Pilots Medical Y  N  Expiry Date   
Radio License Y  N   
Speak & Understand English Y  N   
Physical Address  Postal Address   
Email  Home Tel   
Business Tel  Mobile   
Fax   
Where did you hear about Soaring Safaris?

### Gliding Experience:

Total Gliding Hours  Total Flying Hours Last Year   
Date of Last Flight   
Date of last Cross Country Flight   
Date of Last Competition   
Types of Gliders flown in the last year   
Any Accidents? Y  N  If Yes: Date & Details of Last Accident

### Next of Kin Information:

First Name  Surname   
Physical Address   
Email  Home Tel   
Business Tel  Mobile   
Fax



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