

SPRINGS AVIATION

Pilot Information

Last Name

First Name

Address

City / State / Zip

Date of Birth

Primary Phone

Email

Please circle all pilot certificates and ratings that you currently possess and date of issuance:

None		Multi	Date: _____
Student	Date: _____	CFI	Date: _____
Private	Date: _____	CFII	Date: _____
Instrument	Date: _____	MEI	Date: _____
Commercial	Date: _____	ATP	Date: _____

Class of Medical: _____

Date of Medical: _____

Expiration of Medical: _____

SPRINGS AVIATION

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Primary Emergency Contact Name: _____
Last First

Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Secondary Emergency Contact Name: _____
Last First

Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

SPRINGS AVIATION

PHOTO CONSENT AND RELEASE FORM

I the undersigned do hereby agree to the following. I am allowing Springs Aviation and Quest Pilot Supplies staff and Flight Instructors to take photos of my training and accomplishments to be used for the purpose of marketing.

In addition:

I give permission for my photos to be used for education. _____ (please initial)

I give permission for my photos to be used for advertising. _____ (please initial)

At my request, my photos will be only used for my chart. _____ (please initial)

Print Name: _____

Signature: _____ Date: _____

SPRINGS AVIATION

Please fill out the credit card information below for after-hours flights:

Pilot Name _____

Name of Credit Card _____

Credit Card Type Master Card Visa Discover AmEx

Credit Card # _____

Expiration Date _____

3 or 4 Digit CVV code _____

Billing Zip Code _____

***We do prefer you pay in cash, check, or swiping your card in person. It saves credit card fees.*

*Thank you!***