

# INDIVIDUAL REGISTRATION FORM

Surname: \_\_\_\_\_

First name : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Address : \_\_\_\_\_

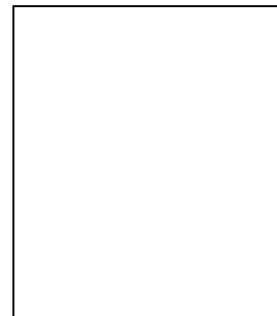
Postal code : \_\_\_\_\_ Town : \_\_\_\_\_

Country : \_\_\_\_\_

Tel. (home) : \_\_\_\_\_ Tel. (office) : \_\_\_\_\_

Email : \_\_\_\_\_ Mobile : \_\_\_\_\_

Occupation : \_\_\_\_\_



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## For foreign pilots :

Do you speak French :  Basic  Average  Fluent

English :  Basic  Average  Fluent

If no, which ? \_\_\_\_\_ :  Basic  Average  Fluent

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## Accommodation during your course :

North building :  single room  Double room  Multi-bedded room,  
(Sheets ,pillowcases and towels are provided) Number of beds needed : \_\_\_\_\_

Bungalow :

Camping :

Address and telephone number if you are staying outside the CNVV : \_\_\_\_\_

*ATTENTION : Due to a period of renovation work, the South building will be closed from the 29<sup>th</sup> of May until January 2018. For the same reason the Restaurant will be closed too. We apologise for the inconvenience.*

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## Insurance :

N° of French federal licence : \_\_\_\_\_ Type : \_\_\_\_\_ Date of expiry : \_\_\_\_\_

**REMINDER** : To glide at the CNVV (on CNVV gliders or non CNVV gliders) you must possess a valid French federal licence (pilots and passengers). For foreign pilots, it is possible to obtain this licence at the CNVV. To glide on CNVV gliders, this insurance is OBLIGATORY.

If you are gliding on a non-CNVV glider, please specify :

The name of your insurance Compagny : \_\_\_\_\_

The number of your insurance policy : \_\_\_\_\_ Contract expiry date : \_\_\_\_\_

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**In case of accident :** Blood group : \_\_\_\_\_

Any special medical details : \_\_\_\_\_

Person to contact :

Surname : \_\_\_\_\_ First name : \_\_\_\_\_

Date & place of birth : \_\_\_\_\_

Address : \_\_\_\_\_

Postal code : \_\_\_\_\_ Town : \_\_\_\_\_ Country : \_\_\_\_\_

Tel : \_\_\_\_\_ GSM: \_\_\_\_\_ E-mail : \_\_\_\_\_

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## TO FILL IN ON THE DAY YOU ARRIVE :

Date of arrival : \_\_\_\_\_ Date of departure : \_\_\_\_\_

I hereby confirm that the details given on the registration form are exact and that I have read the CNVV rules and regulations.

**I also agree to respect the "good gliding charter".**

Saint-Auban (date) \_\_\_\_\_ Signature : \_\_\_\_\_

Surname : \_\_\_\_\_ First name : \_\_\_\_\_

Date of birth : \_\_\_\_\_

For pilots who are close to mass max (110kg including equipment) please specify your weight \_\_\_\_\_ kg

Type of course requested (see brochure or [www.cnvv.net](http://www.cnvv.net))

**Date of course:** \_\_\_\_\_ **2017**

Type of course :

- ADVANCED GLIDING COURSE with CNVV instructors\***       **DUO**  
 Aerobatic  
 Training on personal glider       Group (give the name of the leader) :

**\*Please specify your desiderata :**

\_\_\_\_\_

\_\_\_\_\_

Glider to be used during course :

- CNVV glider :  
 Other – type : \_\_\_\_\_ Registration : \_\_\_\_\_ Contest n° : \_\_\_\_\_  
 **F.L.A.R.M. N° :**  
If you are a member of a group, name of this group : \_\_\_\_\_

**Aeronautical references :**

N° of glider pilot licence : \_\_\_\_\_ issued on: \_\_\_\_\_ Medical expiry date : \_\_\_\_\_

Date of EASA licence : \_\_\_\_\_

Instructors n° : \_\_\_\_\_ Date of expiry : \_\_\_\_\_ Issued on : \_\_\_\_\_

Date of authorization    Cross-country : \_\_\_\_\_ passengers : \_\_\_\_\_

Number of outlandings : \_\_\_\_\_ In the past 24 months : \_\_\_\_\_

Gliders usally used : \_\_\_\_\_

Please specify if you have ever been involved in an aeronautical accident of any type : \_\_\_\_\_

Total n° of gliding hours :	As Instructor	First pilot	As trainee	Total
In the last 12 months				
Total :				
In mountain areas				
Aerobatic Weight max 110 Kg for the SWIFT & 93 Kg for the FOX equipment includes				

Other experience in aeronautical activities :

\_\_\_\_\_

Courses followed in Saint-Auban :

Type of course : \_\_\_\_\_ Dates : \_\_\_\_\_ Results, course assessment : \_\_\_\_\_

Other courses followed in mountain areas (dates and places) :

\_\_\_\_\_

This registration form must be send to :

CENTRE NATIONAL DE VOL A VOILE  
Aérodrome  
04600 SAINT AUBAN SUR DURANCE