

# Civil Air Patrol

## National Flight Academy – Bangor/Old Town, Maine

### Cadets & Seniors

- \*\* Welcome to the 2018 National Flight Academy
- \*\* To help us know you better, we need all applicants to fill in **completely** the following questionnaire.
- \*\* **Any questions not filled in will cause this questionnaire to be rejected and possibly cause you to be rejected from this activity.**
- \*\* **Please double-check you have filled in everything before returning. Please Print Clearly.**
- \*\* Additional Activity information will be sent to you after receipt of this questionnaire.
- \*\* **Extremely important note:** You must have a current FAA Student Pilot Certificate in order to solo.

[ ] I will NOT be attending this Activity -- Please fill in your name, address, sign the bottom and return to us.

**Personal Information: -- I am a** [ ] **Cadet** [ ] **Senior**

Full Name: _____ Nick Name: _____ Address: _____ City: _____ State: _____ Zip: _____ CAP ID#: _____ Exp Date: _____ Home Phone: _____ Cell Phone: _____ Email Address**: _____	<b>Cadets fill in this Section:</b> Rank: _____ Sex: M F (circle) Age on June 22, 2018: _____ Fully Clothed Weight: _____ Height: _____ Ft. _____ inches Parent's Name: _____ Parent's Phone: _____ Parent's Email: _____ T-Shirt Size _____
	<b>Seniors fill in this Section:</b> Rank: _____ Sex: M F (circle) Fully Clothed Weight: _____ Height: _____ Ft. _____ Inches T-Shirt Size _____
	<b>Current FAA Student Certificate Number:</b> Certificate No.: _____

#### **Flight Experience:**

I have participated in a previous Flight Academy or Encampment: [ ] **NO** [ ] **YES** --- If **YES** fill in the following:

Location of attendance: _____	Dates: _____	Number of Flights: _____
Academy/Encampment Number: _____		
Did you solo: [ ] NO [ ] YES Instructor's Name: _____		

#### **Everyone must complete the following section:**

<b>FAA Power:</b> Rating(s) Held: [ ] None [ ] Yes: If yes check/fill in all that apply: [ ] Prvt [ ] Comm [ ] CFI [ ] CFII [ ] Student [ ] _____ Lic. Date: _____ FAA Medical Class Held: _____ Exp Date: _____ Total broken down as: Solo: No. of Flights: _____ Time: _____ PIC: No. of Flights: _____ Time: _____ Dual: No. of Flights: _____ Time: _____
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**Special Needs:**

- ☐ I get motion sickness.  
☐ I'm afraid of heights.  
☐ I'm claustrophobic.  
☐ I get altitude sickness. – All applicants may be at 10,000 ft above sea level.  
☐ I need Special Medications – Fully explain on another sheet.  
☐ Any other Special Needs - Fully explain on another sheet.  
☐ Other -- Please use separate sheets as needed.

**How can we send you updates and other information?**

I would like any information sent via: ☐ Email\*\* ☐ Snail Mail ☐ Both

**Notes:**

\*\* Email Address – An address you check regularly.

**Emergency Contact Information: -- MUST be an Adult over 21 years of age.**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Email Address – Optional: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please feel free to contact the Activity Director with any questions or concerns, at any time.**  
**Lt Col Cathie Spaulding**

**207-884-8302 Voice    207-884-5207 Fax    Email: [cspaulding@ner.cap.gov](mailto:cspaulding@ner.cap.gov)**

**Return this questionnaire to -- no later than March 31, 2018**

Lt Col Cathie Spaulding  
403 Tay Road  
Kenduskeag, ME 04450

If you are close to the deadline date you may fax or email this to us AND  
mail the original. We must have a copy with a live signature on file.

I hereby certify that all the information contained herein is true and correct to the best of my knowledge.

I ☐ **WILL** ☐ will **NOT** be attending this Flight Activity

**If I will be attending - I also certify that my fully clothed weight is \_\_\_\_\_ pounds.** I agree to allow the Activity Director or his designee, at his discretion, weigh me if I appear to be in excess of this weight.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent's Signature if Applicant is under 18 years of age.

\_\_\_\_\_  
PRINT Applicant's Name

\_\_\_\_\_  
PRINT Parent's Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed