

# NER Glider Academy 2019 Cadet Questionnaire

---

\*\* To help us know you better and assure your best experience at the Academy, all applicants must completely fill in this questionnaire.

\*\* **Please return the Questionnaire as soon as possible, but not later than 1 April 2019**

\*\* Additional Activity information will be sent to you after receipt of this Questionnaire.

---

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Rank: \_\_\_\_\_

CAPID: \_\_\_\_\_

1.  I will NOT attend the 2019 NCAS Glider Academy in Vermont. (Please skip to bottom; sign and submit form)

2.  I will attend the 2019 NER Glider Academy .

3.  I am currently unsure if I will attend, but know that a \$100 non-refundable deposit is due on 1 April to reserve my slot at the Academy.

4. Fully clothed flying weight (sneakers, shorts, tee shirt, hat):

5. Parent/Guardian Preferred Contact-- Name:

Phone:

Email:

6. Previous Flight Instruction: None (excluding CAP O Flights)

a. I have attended a prior Glider Academy  When & Where:

b. I have attended a powered Flight Academy  When & Where:

c. Did you solo at either activity above?

d. Total time - Dual

- Solo

e. Do you hold a FAA pilot's certificate?

No

Yes Certificate Type & Date of Issue:

7. Special Needs: \_\_\_\_\_ None:

a. I need Special Medications –Fully explain on another sheet.

b. I have other Special Needs–Fully explain on another sheet.

c. I have Special Dietary Needs–Fully explain on another sheet.

---

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

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

Parent's Signature: \_\_\_\_\_