

PARTICIPANT INFORMATION SHEET

Full Name	
Home Address	
Email	
Contact Number home	
Contact Number mobile	
Age	
Height	
Weight	
Emergency contact name	
Emergency contact number	
Any medical conditions	
Previous Flying experience	
Accommodation needed: Y/N	
Campsite or Clubhouse..	
Catering Required: Y/N	
If Yes, any special dietary requirements	
Your arrival date / time	
Payment made	
Reasons for attending the course and any expectations	
How did you hear about the course	