



Calgary Flight Training Centre

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Calgary Flight Training Centre
RR 4 Site 4 Box 15
Olds-Didsbury Airport

COURSE REGISTRATION FORM

COURSE

RPP PPL CPL ME IFR Mountain Night COT

Other _____

PERSONAL INFORMATION

Surname		First name		Middle initial
Street address			City	
Province	Postal code		Country	
Home phone #	Cell phone #		Business phone #	
Fax #	E-mail			
Citizenship	Date of birth (MM/DD/YYYY)		Birthplace	

EMERGENCY CONTACT INFORMATION

Next of kin		Relationship		
Street address			City	
Province	Postal code		Country	
Home phone #	Cell phone #		Business phone #	

CFTC will also require copies of at least two of the following documents:

Driver's Licence	Passport (preferred)	Birth Certificate
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CFTC USE ONLY

Registration fee \$	Date paid (MM/DD/YYYY)	Invoice #	Course Code
Customer number (from sign in book)	CFTC staff		Signature