

**EAST SUSSEX GLIDING CLUB
INITIAL / UPGRADE FLYING CARD APPLICATION**

ALL APPLICANTS MUST COMPLETE THIS SECTION – USE BLOCK CAPITALS

FULL NAME: _____ DATE OF BIRTH: _____
DATE OF FIRST SOLO: _____ MEDICAL EXPIRES: _____
MEMBERSHIP EXPIRES: _____ DATES OF BADGES: _____

TOTALS TO DATE : LAUNCHES P1 _____ P2 _____
HOURS P1 _____ P2 _____

LAST 12 MONTHS LAUNCHES P1 _____ P2 _____
HOURS P1 _____ P2 _____

CROSS-COUNTRY KMS: _____ FIELD LANDINGS: _____

(FOR A BLUE CARD APPLICATION FILL OUT THIS SECTION AND THE LAST ONE ONLY)

FOR A RED CARD COMPLETE THIS SECTION

20 SOLOS COMPLETED DATE: _____
SIGNED OFF DAILY CHECKS DATE: _____
INSTRUCTOR SIGNATURE _____

I CONSIDER MYSELF COMPETENT IN ALL OTHER FIELD DUTIES AND AGREE TO ATTEND AS DUTY PILOT WHEN ROSTERED.

FOR A YELLOW CARD COMPLETE THIS SECTION

BRONZE C COMPLETED DATE: _____
10 HOURS SOLO IN LAST 12 MONTHS? YES / NO
SOLO SPINNING OBSERVED 1 EACH WAY DATE: _____
CROSS-COUNTRY ENDORSEMENT DATE: _____

FOR A GREEN CARD COMPLETE THIS SECTION

SILVER C DATE AND NUMBER: _____
50 HOURS SOLO COMPLETED ON: _____
10 HOURS SOLO IN LAST 12 MONTHS? YES / NO
HAVE FLOWN AT LEAST 2 CROSS-COUNTRIES OF 50 KM OR MORE.
FIELD LANDING OR DUAL CHECK IN LAST 12 MONTHS (DATE: _____)
DATE: _____ INSTRUCTOR SIGNATURE _____
FURTHER INFORMATION: (OTHER GLIDING QUALIFICATIONS, PPL ETC.)

ALL APPLICANTS MUST COMPLETE THIS SECTION WITH A COPY MEDICAL CERTIFICATE

I CONFIRM THAT I HOLD A VALID MEDICAL CERTIFICATE (A COPY MUST BE ATTACHED TO THIS FORM) AND UNDERSTAND THAT I MUST INFORM THE CFI SHOULD I SUFFER FROM ANY CONDITION WHICH MIGHT AFFECT MY FLYING. I ALSO CONFIRM THAT THE STATEMENTS MADE ABOVE ARE TRUE AND REQUEST THE CARD INDICATED.

SIGNED: _____ DATE: _____

APPROVED BY: _____ ESGC INSTRUCTOR

NAME IN CAPITALS: _____