ESGC FLYING LIST	BY SIGNING I DECLARE THAT I AM MEDICALLY FIT TO FLY, IN POSSESSION OF A CURRENT FLYING CARD AND MEDICAL DECLARATION AND AGREE TO INFORM THE DUTY INSTRUCTOR OF ANY PROBLEM THAT MAY AFFECT MY FLYING BEFORE ASKING PERMISSION TO FLY	Sheet		of	
		Day / date			

No	Name			Flying type						Club aircraft						Private				Winch
	Acct	Name	Signature	Pupil	Check	U21	Sch	Trial	Solo	K13	K21	Jun	Astir	K8	MG	ID	Type	Arrive	Depart	Y/N
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