



New Student Training Request

Date (first contact with Europe-American Aviation): _____

First Name: _____

Last Name: _____

Citizenship: _____

Address: _____

Phone # 1: _____ **Phone # 2:** _____

E-Mail: _____

Student Training Request

- PPL IFR CPL MULTI FTD
 G1000 BFR IPC ATP
 Other _____

Desired Aircraft

- DA20 DA40CS DA40FP DA40XL DA42 FTD

Desired Training Date: _____

Availability for Scheduling

(number of events per week): _____

Prior Flight Experience

Total Flight hours: _____ **Flight hours last 90 days:** _____

Aircraft Types flown: _____

Current License (s): _____

Date of last BFR (Biennial Flight Review): _____

Date of last IPC (Instrument Proficiency Check): _____

How did student hear from Europe-American Aviation?

Follow up contact date / Notes: _____