

Comanche Pilot Training Program

This registration form must be filled out entirely! Payment must accompany this enrollment form. Insurance info can be enclosed or brought to the clinic.

Failure to do any of this will result in you NOT being enrolled in the course!

Clinic Location: _____ Clinic Date: _____

Name for Completion Certificate (formal): _____

Name for Name Tag: _____

Address: _____

City/State/Zip: _____

Contact Phone# : _____ (cell preferred)

Email (provide **COMPLETE, VALID** email address, this is your primary communication):

Aircraft Info: Model: _____ Year: _____ N#: _____

Special equipment or modifications (avionics, fuel system, Robertson, Miller, performance mods etc):

Aircraft Insurance: Contact your insurance agent and have them issue to Carew Aviation, Inc. a certificate of insurance. You must have insurance to participate in the flight training segment. A copy **must** be received prior to flying at the clinic (you may bring a copy with you, or you may enclose the copy with this form).

Pilot History:

Total Time: _____ Time in Type: _____ Instrument Rated: Yes/No

Fees Enclosed****:

_____ \$750 (Full Program) _____ \$450 (Ground Only) Check # _____

Cancellation Policy: If you cancel 14 days or more prior to the Program, you will receive a full refund. If you cancel within 14 days of the Program, you will receive a 50% refund, or, you may reschedule for another clinic within one year of the original date for no additional charge.

Make check payable to: Carew Aviation, Inc.

Send form and payment to: CPTP
C/O Dennis Carew
3316 N. Rankin St.
Appleton, WI 54911

**** Payment must be by check (if a company check, please put YOUR name in the memo line). An early enrollment discount of \$100 off Full Program, and \$50 off Ground Only is given if enrolled and paid at least 30 days prior to program.