Pilot's name:

Tel 0116 289 4316 office@bhpa.co.uk



Application for **Paragliding Pilot rating**

Please complete this form, cut it out and return it to the BHPA office, together with the pilot's completed Pilot (Power) examination paper and the examination/ registration fee of £10. (Cheques should be made payable to 'BHPA'.)

BHPA membership number:		
To be completed by the C	CFI or Chief Coach	
I have checked this training that, subject to passing the completed all the tasks for	enclosed Pilot examina	or the above pilot and certify ation, he/she has successfully ing.
Signed CFI/Chief Coach:		Date:
Name (block capitals):		
School/Club name:		
School/Club name: Date on which Pilot tasks w	vere completed:	
	vere completed:	

