**Applicant / Demandeur**

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| --- | --- |
| Name / Nom:       | Email / Courriel:       |
| Phone / Tel.: | Address / Adresse:       |
| Birth Date / Date de naissance (YYYY/MM/DD): |
| Educational Institution / Établissement d’enseignement (if /si applicable) :      |

**Note:** Applicant must be under the age of 21 or a full time student under the age of 25 and enrolled full time in an educational institution as of January 1st of the year of application.

**Note:** Le demandeur doit avoir ont moins de 21 ans, ou étudiant à temps plein de moins de 25 ans au premier janvier de l’année de la demande.

Briefly describe your soaring and volunteer goals / Décrivez brièvement vos objectifs de vol à voile et bénévolat :

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Date:     /  /   (yyyy / mm / dd);

SAC Club Name / Nom du club de l’ACVV:

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s signature / Signature du demandeur | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian’s signature if applicant under 18 /Signature du parent/tuteur si le demandeur à moins de 18 ans |

To be completed by sponsoring club:

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Club Representative’s Name (Please Print) |

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| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position of Club Representative | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Club Representative’s Signature |

Please email completed applications to info@gatineauglidingclub.ca