**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