Central Otago Flying Club Inc

P.O. Box 159 Alexandra
www.cofc.co.nz

Glider Prepay Application Form

Notes: Your payment must accompany this application. Contact us for current rates!
The Prepay scheme allows a pilot up to 30 hours flying in Club Gliders at no extra cost for a period of one year.

I hereby make application to the committee to join the Glider Prepay scheme

I understand and agree to the following.

1:   The Prepay period is for twelve months from the day this application is approved by the committee.

2:   The Prepay scheme applies to gliders owned and operated by the Central Otago Flying Club only.

3:   The Prepay scheme is for gliders only, and does not apply to launches. Aero-tows and winch launches will be charged at the normal rates.

4:   That I will at all times be subject to and obey the rules and by-laws of the Club, and the instructions, directions and orders of the Club Captain, Instructors, officials, Servants, and Agents.

5:   Prepay charges, or portions thereof, will not be refunded in the event that the applicant is unable to fly hours in gliders to their expectations. e.g. due to personal circumstance, gliders being unavailable, or other reasons beyond the Clubs control.

6:   Normal time restrictions in gliders apply on club days, same as paying pilots i.e. hour max, or by arrangement on the day.

7:   Prepay pilots must use club single seat gliders when available (if rated), when non-Prepay pilots are using two seat gliders.

8:   When a flight is shared in a two seater, with another club member. The time must be split 50/50, i.e. Prepay pilots have half the flight time deducted from there Prepay credit hours and Non Prepay pilots will be invoiced for half the flight time, up to the maximum (currently 2.5Hrs)
The total flight time will be debited from the Prepay pilots credit Hrs, when he/she is under instruction.

APPLICANT

FIRST NAME: …………………………………   SURNAME: ..…………………………………..

DATE: …………………………………   SIGNATURE: …………………………………

For Club Use Only

MEETING DATE: …………………………………   APPROVED: YES / NO

PRESIDENT: …………………………………   SIGNATURE: …………………………………

SECRETARY: …………………………………   SIGNATURE: …………………………………