Youth Glide Competition Funding application



Use this form to apply for funding from Youth Glide towards competition costs

Send completed form to committee@youthglide.org.nz

Please note: Completion of this application form does not guarantee you funding from Youth glide.

You will be notified of the status of your application and you may choose to withdraw your application at any point if you no longer need funding.

Along with this application, please attach a detailed budget, outlining expected costs (E.g. Tows, accommodation, transport etc...)

Admin:		
Full Name:		Date of Birth
Home address:		
Home Phone:	Mobile Ph:	Email
Competition infor	mation:	
Competition:		
Dates of competition:		
Competition Location:		
Glider type:		
Are you flying dual or solo?	Dual / Solo / Some days D	Dual some days solo
Are you in a team, flying un	der instruction or flying the co	ompetition solo?
*team meaning same glider but rota	ting pilots	
Will you be flying every flying	ng day or only a few days?(if o	nly some how many?)
If this funding is for contribu	uting to team costs how many	people are in your team?
Gliding Experience	2: (as at date)
Gliding Club:		
CFI contact name and email		
Hours Flown; Total	Dual Solo	
Number of launches: Aerote	ow Winch	Other
Glider types flown more tha	an 3 times solo	

Sites flown fro	om:
Longest soarii	ng flight timeCross country rating YES / NO. Flown in a comp YES / NO
Approx Hours	/flights: Thermal soaring
	Ridge soaring
	Wave soaring
	Convergence soaring
Put a tick 🗸 i	n the boxes to indicate what you have completed / are competent with
Awards:	A Cert B Cert QGP
	Silver Badge: Ht Distance Duration
	Gold Badge: Ht Distance
	Diamonds: Ht 300k 500k
	perience: familiar with using Cambridge GPS Data loggers See You
Power Fl	ying Experience:
Hours Flown;	Total Dual Solo Types Flown
Do you h	ave any previous competition flying experience?

What are your goals / what do you hope to achieve?

	l like you to achieve. You may elect to update this nearer ge to achieve some of the goals you identify at the time
of this initial application	
How do you plan on prepari	ng and achieving your goals?
Signature of Pilot	
Date:	