

Registration Form

NAME: _____	FIRST NAME: _____
ADDRESS: _____	
DATE OF BIRTH: _____	
PHONE: _____	MOBILE: _____
E-MAIL: _____	LANGUAGE: _____
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ID NUMBER: _____

I would like to enrol for the following training:

<input type="checkbox"/> Airline Pilot Integrated	<input type="checkbox"/> Flight Instructor / IRI / CRI
<input type="checkbox"/> Airline Pilot Modular (Ab-initio)	<input type="checkbox"/> Private Pilot (PPL)
<input type="checkbox"/> ATPL Gound Course (for holders of a PPL)	<input type="checkbox"/> Distance Learning ATPL

I would like to start my training at:

<input type="checkbox"/> Charleroi	<input type="checkbox"/> Liege
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I would like to start my training in: (Ground Courses)

<input type="checkbox"/> March/April 2012	<input type="checkbox"/> September/October 2012	<input type="checkbox"/> March/April 2013
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Type of payment selected:

<input type="checkbox"/> Packs	<input type="checkbox"/> Weekly billing
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How did you know about BFS?

DATE: _____

SIGNATURE: _____

Please, send back this form to BFS, along with a **Motivation letter in English**. Once received, a member of our staff will send you a copy of our Code of conduct, as an appendix with the first invoice (refundable caution or module). Please, also attach a **copy of your ID or passport**.