Condor Aero Club, INC.

Instructor Form

This is to certify that I have given _____ _____

Member Name Certificate #

☐ Flight Review Date _____Medical Class _____Medical Date _____

☐ IPC Date _____

☐ Aircraft Checkout Make _____ Model _____ N _____

Make _____ Model _____ N _____

Make _____ Model _____ N _____

Make _____ Model _____ N _____

☐ 90 Day Solo Date _____ Winter Seminar _____

Remarks: _____

_____

Member Signature: _____ Date: _____

Instructor Signature: _____ Instructor Number: _____

Instructor Name Print: _____