

1ST RC FLIGHT SCHOOL QUESTIONNAIRE (required!)

Please mail A.S.A.P. to: Dave Scott, 314 W. Pine St.. Shawano, WI 54166

Or as soon as you have a good idea of your flying status coming into the flight school

Name _____ Attending Date _____

Occupation _____ Age _____ Time in RC _____
(If retired, what was your occupation?)

Club _____ AMA# (required) _____

Health/Physical Conditions _____

Name of current Aircraft you are building/flying _____

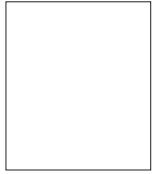
Previous and current detailed RC flight experience _____

What do you think are the essentials for flying RC model aircraft with skill,
and what do you think are the requirements of good flight instruction? _____

What are your interest and long-term goals in RC? _____

(Feel free to write as much about you and RC as you wish on the back.....)

T-Shirt Size _____



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