



# Cranfield Aviation Training

## Cabin Crew Abinitio Course Registration Form

PLEASE PRINT CLEARLY

Full Name and Surname	
Preferred 1 <sup>st</sup> name for name badge	
ID Number	
AGE:	
Physical Address	
Postal Code	
Postal Address	
Postal Code	
Home Telephone No.	
Cell Phone Number	
Fax Number	
e-mail Address	
Allergies / Special Dietary Requirements	
Where did you hear about Cranfield?	

### Parent / Next of Kin Details

Parents Name/s	
Parents Work Number	
Parents Cell No.	

### Payment Details

Method of Payment	CREDIT CARD	EFT	CHEQUE	CASH
Payment Date	Amount Paid			

I, \_\_\_\_\_ hereby wish to register for the Cabin Crew Abinitio Training Course commencing on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signed:	Name:	Date:
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