



weLoveGliding
Let your gliding dreams come true

CHARTER REQUEST FORM ARCUS M

Please send the completed form to info@welovegliding.de
(Subject: "Request/ArcusM/Name")

Contact details of interested party:

Surname, first name	
Address	
E-mail	
Phone	

Information on charter intentions:

Desired start date	
Desired duration of charter	
Instruction needed? (Yes/No)	

Information on charter requirements

Flying hours in a glider	
Flying hours on similar aircraft	
Self-launching authorization (Yes/No)	