



FEAR OF FLYING CLINIC™

A NON-PROFIT PUBLIC SERVICE PROGRAM

PO Box 88557 • Tukwila, WA 98138-2557

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REGISTRATION FORM

(Please print or type)

Welcome to the FEAR OF FLYING CLINIC. The Clinic is part of a non-profit corporation dedicated to making the process of air travel more comfortable to all those with fears or concerns. The staff continually strives to provide a program that will help alleviate your fears of air travel. Please read and acknowledge the statements below before completing the registration process for the Clinic.

The FEAR OF FLYING CLINIC is a non-profit corporation funded exclusively by registered student fees. The Clinic does not guarantee the results or outcome of any session as it may pertain to this Clinic. Those views, ideas, statements, or guidance by any volunteer are solely those of that volunteer, in no way do they express or confirm such views etc. of the Clinic. The Clinic does not maintain errors or omissions insurance, nor does it maintain any other form of liability insurance. By signing below and participating in the Clinic, I agree to release the Clinic and all of its staff, volunteers, directors, consultants and independent contractors from any and all liability for personal injuries, property damage and all other claims arising from or in connection with my participation in the FEAR OF FLYING CLINIC.

Please complete this questionnaire to aid us in the classroom. All information will be held in confidence.

1. Name: _____ 2. Address: _____

3. Home Phone: _____

4. Work Phone: _____ 5. Age: _____

6. Are you a U.S. Citizen? Yes No 7. Email: _____

8. Employer: _____ 9. Occupation: _____

10. Please check the box(es), which indicate the type of aircraft you have flown in as a passenger.

Private propeller aircraft Private jet aircraft Military aircraft
 Commercial propeller aircraft Commercial jet aircraft Other – Type: _____

11. When was the last time you flew on an aircraft?

10+ years ago 5-10 years ago 3-5 years ago 1-3 years ago Within the last 6 months

12. For what purpose would you like to travel by air? Business Pleasure Both

13. Do any family members experience fears or apprehension of flying? Yes No

Is this subject discussed? Yes No If so, explain how and by whom: _____

14. Can you explain the reason(s) for your apprehension about flying? _____

15. Have you tried any other means to alleviate your fears? Please explain: _____

(Please use the other side of this form, if necessary, for responses)

The cost of the Clinic is \$400.00. This amount does not include the optional orientation flight by commercial jet to be offered at the conclusion of the Clinic. We feel this flight should be your decision, not something you have paid for in advance and feel obligated to take. Registration fee must be sent with application. **Registration and cancellation deadline 1 week prior to Clinic ***

Credit Card #: _____ Visa MasterCard

Name on Credit Card: _____ Expiration Date: _____

Make checks payable to FEAR OF FLYING CLINIC and mail to: Fear of Flying Clinic, PO Box 88557, Tukwila, WA 98138-2557

Date of next Clinic: _____ Signature: _____ Date: _____

* Refund policy: Any participant unable to complete the clinic for any reason will be offered a space in a future clinic. Monetary refunds will not be made.