

PRINT

EMAIL

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

CROSS-COUNTRY FLIGHT REQUEST – AERO CLUB (If remarks are necessary, enter on the back of this form)		DATE OF REQUEST		AIRCRAFT (Type/Model/ "N" Number)	
DEPARTURE DATE	DEPARTURE TIME	DESTINATION		RETURN DATE	RETURN TIME
PROPOSED ROUTE OF FLIGHT			PROPOSED FUEL STOPS AND ESTIMATED TIMES EN ROUTE		
PASSENGERS					
1.			4.		
2.			5.		
3.			6.		
I understand and will comply with Air Force and Aero Club Regulations and policies pertinent to cross-country flights. I will carry Only passengers listed and no unauthorized passengers. I will land with at least one-hour fuel remaining.					
MEMBER'S NAME (Print or Type – Last, First, Middle Initial)				MEMBER'S SIGNATURE	
RECEIVED (Date and Time)			SIGNATURE (Aero Club Official)		
APPROVED (Date and Time)			SIGNATURE (Aero Club Official)		