

CROSS COUNTRY FLIGHT REQUEST – AERO CLUB

DATE OF REQUEST _____

AIRCRAFT _____

DEPART DATE _____

DEPART TIME _____

DESTINATION _____

RETURN DATE _____

PROPOSED ROUTE OF FLIGHT:

PROPOSED FUEL STOPS:

PASSENGERS:

I UNDERSTAND AND WILL COMPLY WITH AIR FORCE 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 OF FUEL REMAINING.

MEMBER'S NAME _____

MEMBER'S SIGNATURE _____

APPROVED DATE _____

SIGNATURE (OFFICIAL) _____