

# Cross Country Request

## Eglin Air Force Base Aero Club

MEMBER NAME(print)	MEMBER #	AIRCRAFT TYPE	N NUMBER <b>N</b>
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ITINERARY - OUTBOUND									
DATE	ETD (UTC)	VFR IFR	LEG ROUTE	REFUEL Y/N	DESTINATION RUNWAY			ETE	
					ELEVATION	WIDTH	LENGTH		

ITINERARY - RETURN									
DATE	ETD (UTC)	VFR IFR	LEG ROUTE	REFUEL Y/N	DESTINATION RUNWAY			ETE	
					ELEVATION	WIDTH	LENGTH		

PASSENGERS			
NAME	RELATIONSHIP	NAME	RELATIONSHIP

WHERE WILL THE AIRCRAFT BE LOCATED AT YOUR DESTINATION? (NAME OF FBO AND PHONE NUMBER). PLEASE INCLUDE DETAILS FOR ANY OVERNIGHT STOPS.

WHERE CAN THE MEMBER BE CONTACTED AT THE DESTINATION? PLEASE INCLUDE DETAILS FOR ANY OVERNIGHT STOPS.

CELL PHONE: \_\_\_\_\_ LODGING PHONE: \_\_\_\_\_

REMARKS:

I understand and will comply with the Eglin AFB Aero Club Standard Operating Procedure, in ACI 34-201, applicable FAR's, AFMAN 34-232 and other rules & regulations pertinent to this Cross-Country flight. I will carry only the passengers listed above. AF Form 1584, Covenant not to Sue and Indemnity Agreement for the above passengers is complete and on file at the Eglin AFB Aero Club. I agree to pay the greater of the minimum hours per day as specified in AC 34-201 or the actual flight time. I understand this flight must be cleared by a clearing authority.

This form must be attached to a DD Form 175 for this flight and must remain on file at the Eglin AFB Aero Club.

SIGNATURE OF MEMBER	DATE	APPROVED BY	DATE
		MANAGER OR CHIEF FLIGHT INSTRUCTOR	