

Cross Country Request

Eglin Air Force Base Aero Club

MEMBER NAME(print)	MEMBER #	AIRCRAFT TYPE	N NUMBER N
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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.

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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 Aero Club Standard Operating Procedure, applicable FAR's, AFMAN 34-152 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 Aero Club. I agree to pay the greater of the minimum hours per day as specified in the Eglin Aero Club SOP 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 1801 or ICAO Flight plan for this flight and must remain on file at the Eglin Aero Club.

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