

WRIGHT-PATTERSON AFB AERO CLUB
5995 SKEEL AVE, BLDG 153, AREA C
WPAFB, OH 45433

OVERNIGHT CROSS-COUNTRY REQUEST FORM

NAME _____ DATE _____

1. I request permission to take aircraft _____ on an overnight cross-country flight.

2. My proposed flight schedule is:
 - Departing FFO date: _____ Time: _____
 - RON at _____ from date _____ to _____
Phone _____
 - RON at _____ from date _____ to _____
Phone _____
 - RON at _____ from date _____ to _____
Phone _____
 - Return to FFO date: _____ Time: _____

3. In case of emergency call:
 - Name: _____
 - Address: _____
 - City/State/Zip: _____
 - Telephone: _____

4. I understand that according to club SOP's the minimum allowable fuel reserves is 1 hour, this rule will be strictly enforced.

5. SOP paragraph 1.8.10 states; "all members will be assessed a minimum charge of 1.5 hours flying time per 24 hours for all overnight cross-country flights."
 - The minimum guaranteed flight time for this request is _____ hours.

6. I understand that I will be reimbursed for cross-country gas purchases at the current Club price (oil will not be reimbursed, be sure you take extra along). This credit can only be allowed when sales slips are provided as verification of purchase, specifying the number of gallons purchased.

Members Signature

Approved/Disapproved Date