

LEMAY FLIGHT TRAINING CENTER CROSS COUNTRY REQUEST FORM

Submit this form to the Aero Club Manager and Chief Flight Instructor at least **3 business days** before the departure date for approval.

Name: _____ Date Filed: _____
 Aircraft: _____
 Departure Date & Time _____ Return Date & Time _____

	DESTINATION 1	DESTINATION 2	DESTINATION 3	DESTINATION 4
Destination ID	_____	_____	_____	_____
Name	_____	_____	_____	_____
City, State	_____	_____	_____	_____
Phone	_____	_____	_____	_____
Date of Arrival	_____	_____	_____	_____
Total Time Enroute	_____	_____	_____	_____
Fuel Stop(s)	_____	_____	_____	_____
	_____	_____	_____	_____
Runway Length & Width	_____	_____	_____	_____
	_____	_____	_____	_____

Members are reminded that this form must accurately reflect the actual flight.

Flight plans must be filed for all flights that are cross-country or that terminate at airports other than KOFF.

Should the above entered route of flight for this trip change in any way you must notify the Aero Club at (402) 294-3385.

The pilot in command is ultimately responsible for all information reflected on this form.

I certify the above is true and correct.

SIGNATURE OF PILOT IN COMMAND

APPROVAL OF MANAGER

APPROVAL OF CHIEF INSTRUCTOR
OR DESIGNATE