

Pacific Flying Club Trip Request

Member name: _____ Today's Date: _____

Phone Number: _____

License Type: Private [] Commercial [] ATR []

Additional Training: Night [] Mountain [] IFR []

Total Hours: _____ Total PIC Hours: _____

PIC Hours in the last 60 days: _____ PIC Hours in the Last 1 year: _____

Last Date Flown: _____

A/C Type Required: _____

A/C Ident Preferred: _____

Proposed date of departure: _____ Time: _____

Proposed date of return: _____ Time: _____

Total Flight Hours Estimate on route: _____

Proposed Routing (give as much detail as possible): _____

Survival Kit needed: Yes___ No___

Life Jackets needed: Yes___ No___

Do you plan on landing at any airports that are not blacktop or cement? Yes___ No___ If yes, give the airport name (s):

Name of Passengers:

Person to Contact in event of an emergency: Name: _____

Phone# _____

OFFICE USE ONLY:

Request approved: Yes ___ No ___ Date: _____

By: _____

Comments:
