

# 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 \_\_\_\_\_

All kits will be assembled by office staff.

Cross Country Kit contents: OIL, TIE DOWNS x 2 sets, funnel, filler neck, windscreen cleaner, oil rags, windscreen cloths, chocks, cowl plugs.

	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