

Kirtland Flight Center Cross Country Request (Rev. 17 June 2007)		
Place in chief Flight Instructor's In-Basket for Approval		
Departure Date:	Departure Time:	Return Date:
Aircraft Type:	Preferred Tail Number:	Number of Seats Required:
Number of Days:	Estimated #of Flight Hours:	Purpose: (circle one) Pleasure CAP TDY Training
Proposed Route of Flight		Proposed Fuel Stops (ID & City, State)
Passengers		
1.	3.	
2.	4.	
Pilot's Name:	Signature:	
Member #:	Work Phone: Home Phone:	
Approval Date:	Approver's Signature:	

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