

Purdue Pilots, Inc. Multi-Day Cross Country Request Form

Must obtain approval from PPI Executive Board (see PPI Operating Rules)

Request Date ____ / ____ / ____

Aircraft _____

Member Name _____

Phone (cell) (____) - ____ - _____

Type of Pilot Certificate _____ Ratings _____

Experience	Total Time	X/C Time	Total Instrument	Night	Longest X/C (Dist., Hours)
Overall					
Past 60 Days					

Personal Go/No-Go Limits (will not go if conditions are more adverse than this):

Ceiling _____ Visibility _____ Wind (Direct/X-Wind) _____

Departure Date and Time _____ # Passengers _____

Fuel Stop(s) _____ Estimated Time En-route _____

Destination(s) _____

Destination Contact _____ Phone (____) - ____ - _____

Destination Contact _____ Phone (____) - ____ - _____

Return Date and Time _____

Discuss parking arrangements for aircraft and any additional pertinent information about the flight:

I guarantee Purdue Pilots, Inc. payment for a minimum of two hours of flight time for each consecutive 24 hours between my departure time and scheduled return. I understand that if I am grounded by weather or maintenance needs at a distant location then I am not expected to meet the minimum flight time payment per day requirement.

If other than a routine maintenance need is encountered on this flight I will obtain advice from Lafayette Aviation or the PPI President before authorizing repairs.

I understand that if I leave the aircraft at other than Purdue University airport that I must pay the expense necessary to return the aircraft to Purdue University airport.

____ / ____ / ____

Signature (PPI member)

Date