



Request Date: _____

Multi-Day Cross Country Request

The following form must be completed & submitted to the board **72 hours prior** to your reservation time. You must receive approval from at least **three** officers, or general approval from the executive board in order to fly.

Member Name: _____ Cell: _____

Pilot Certificate and Ratings: _____

Experience	Total Time	X/C Time	Total Instrument	Night	Longest X/C (dist,hrs)
Overall					
Past 60 Days					

Trip Details

Departure Date & Time:		Passengers:	
Aircraft		Total Reservation Days	
Fuel Stop(s)		Destination(s)	
Return Date & Time		Total Trip ETE:	

Emergency Contacts

Name	Relationship	Phone

A. Total Reservation Days	B. Total Trip ETE	B / A (Divide ETE by Days)

I guarantee Purdue Pilots a minimum of 2 hours of flight time for each consecutive 24 hours between my departure time and scheduled return. **If the B/A value above is smaller than 2, I agree to pay the amount equivalent to 2 hours of the club's savings margin for each consecutive 24 hours the aircraft is reserved.** I will make this amount payable to Purdue Pilots Inc prior to receiving approval for this flight. **I understand that if I am grounded by weather or maintenance needs at a distant location, I am not expected to meet the minimum flight time per day payment requirement.**

I will obtain advice from Purdue Aviation and the PPI Executive Board before authorizing any 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

Date