

(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

CROSS-COUNTRY FLIGHT REQUEST - AERO CLUB (if remarks are necessary, enter on the back of this form)		DATE OF REQUEST	AIRCRAFT (Type / Model / "N" Number)
DEPARTURE DATE	DEPARTURE TIME	DESTINATION	RETURN DATE
PROPOSED ROUTE OF FLIGHT		PROPOSED FUEL STOPS AND ESTIMATED TIMES EN ROUTE	
		<i>(see note in bottom margin & initial)</i>	
PASSENGERS			
1.		4.	
2.		5.	
3.		6.	
I understand and will comply with Air Force and Aero Club regulations and policies pertinent to cross-country flights. I will carry only passengers listed and no unauthorized passengers. I will land with at least one hour of fuel remaining.			
MEMBER'S NAME (Print or type - Last, First, Middle Initial) AND SSAN			MEMBER'S SIGNATURE
RECEIVED (Date and time)	SIGNATURE (Aero Club Official)		
APPROVED (Date and time)	SIGNATURE (Aero Club Official)		

AF Form 1583

I have reviewed daily schedules for conflicts *(Initial)* _____