

Lakes / Goofy Flight

Pilot Information Form

Full Name: _____

Address: _____ City: _____ Zip: _____

Contact Info: Home: _____ Cell: _____ email: _____

Pilot Qualifications: Type of license: _____ #: _____

Medical Date: _____ BFR Date: _____

Flight Hours: Total time: _____ Time GA: _____ Total Formation Time: _____

A/C Type: _____ Tail #: _____

Do you hold Liability / Passenger Insurance? Yes / No Amount: \$ _____

Time in aircraft to be used for Lakes / Goofy Flights: _____ Formation Time in Type: _____

Formation Training – Yes / No - Date: _____ Organization: _____

Formation Experience: _____

Lead Time?: _____ Wingman Time: _____

Most Recent Formation Flights: _____

Remarks:

Signed: _____ Date: _____

NB: By signing this form you are confirming that the information contained herein is accurate and up to date. You will be held fully responsible for any inaccurate information. You are also totally responsible for ensuring that your BFR and Medical are current before you fly in any Lakes / Goofy Flight.

You MUST immediately advise of any changes - email: tc1234c@gmail.com