

BEFA Cross Country Itinerary

Pilot _____ Cell Phone _____ Work Phone _____ Destination _____

Contacts at principal locations _____

Aircraft N _____ Make _____ Model _____ Number Aboard _____

KRNT departure date & time ___/___/___ :___ (AM) (PM) Return return date & time ___/___/___ :___ (AM) (PM)

Pilot experience: Total time (hrs) _____ Last 90 days _____ Make/Model total _____ This model last 90 days _____

FAA Medical Date ___/___/___ Medical Class _____ Last BFR date ___/___/___ How many hours to next A.D. _____

BEFA checks: 6 month Checkride Date ___/___/___ A/C Make/Model _____ IFR VFR Float

Checkrides completed: Mountain Night Night X-C High Altitude Salt Water Mountain Lake

Please list ALL planned stops: Soft Field Sign off (if applicable)

Date	From	To	IFR	VFR	Day	Night	Route (Airways, Direct, Other)	Distance (nm)	Time Enroute	Gas, Rest, RON stops, etc.

*****Itinerary MUST be approved by the Safety Officer or Operations Officer PRIOR to your departure. Be sure to notify them of your completed itinerary available at BEFA. Refer to paragraph 5.7C in the BEFA Rules of Operation.**

I have read and understand the BEFA policy on delayed cross country flights, and agree to be governed by them and adhere to them at all times as a member of the Boeing Employees' Flying Association, Inc. *****Deposit check due at time of schedule entry***** *****Office Use only below*****

Pilot Signature: _____ Date ___/___/___ Aircraft scheduled? YES NO

Approved by: _____ Date ___/___/___ Deposit Check received? YES NO Ck # _____