

BEFA Cross Country Itinerary

Pilot _____ Wk Phone _____ Hm Phone _____ Destination _____

Contacts at principal locations _____

Aircraft N _____ Make _____ Model _____ Number Aboard _____

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

BEFA checks: 6 month Checkride (or 20-hour rule) 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:

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 Safety Officer or Operations Officer PRIOR to departure.
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.

Pilot Signature: _____ Date ___/___/___

Aircraft scheduled ? YES/NO

Approved by: _____ Date ___/___/___

Deposit Check received? YES/NO Ck # _____