

CROSS-COUNTRY ADVISE SLIP

Advise the Edmonton Flying Club of any change of route a.s.a.p.

DATE _____

AIRCRAFT REGISTRATION _____

PROPOSED DESTINATION _____

PROPOSED DEPARTURE DATE _____

PROPOSED ROUTING

SCHEDULED DATE OF RETURN _____

EXPECTED TOTAL FLYING TIME _____

AVERAGE FLYING HOURS PER DAY _____

SPECIAL INSTRUCTIONS

I acknowledge that I have read, understood and will abide by all current Flying Orders in effect at the Edmonton Flying Club:

PRINT NAME _____

SIGNATURE _____

MEMBER NUMBER _____

AUTHORIZED BY _____

General Manager, CFI or Assistant CFI