

## CROSS COUNTRY SIGN OUT

Date \_\_\_\_\_ A/C# \_\_\_\_\_ Stage \_\_\_\_\_ Lesson \_\_\_\_\_

Student \_\_\_\_\_ Instructor \_\_\_\_\_

Student Phone \_\_\_\_\_ Instructor Phone \_\_\_\_\_

---

### ROUTE AND SCHEDULE

OUN Departure Time \_\_\_\_\_

Destination #1 \_\_\_\_\_ ETA \_\_\_\_\_ Depart \_\_\_\_\_

Destination #2 \_\_\_\_\_ ETA \_\_\_\_\_ Depart \_\_\_\_\_

Destination #3 \_\_\_\_\_ ETA \_\_\_\_\_ Depart \_\_\_\_\_

Destination #4 \_\_\_\_\_ ETA \_\_\_\_\_ Depart \_\_\_\_\_

OUN ETA \_\_\_\_\_

---

Lesson Objectives from Syllabus Sheet:

---

Airport #1: \_\_\_\_\_ Leg Distance: \_\_\_\_\_ Runway Lengths: \_\_\_\_\_

Airport #2: \_\_\_\_\_ Leg Distance: \_\_\_\_\_ Runway Lengths: \_\_\_\_\_

Airport #3: \_\_\_\_\_ Leg Distance: \_\_\_\_\_ Runway Lengths: \_\_\_\_\_

Airport #4: \_\_\_\_\_ Leg Distance: \_\_\_\_\_ Runway Lengths: \_\_\_\_\_

---

NAV AIDS:

---

YES – NO Will fuel be purchased during this flight?

Airport: \_\_\_\_\_ FBO Name: \_\_\_\_\_

Method of Payment (Circle One): Credit Card or Bill OU

---

YES – NO Hangared? Location: \_\_\_\_\_ FBO Phone: \_\_\_\_\_

YES – NO Tied Down? Location: \_\_\_\_\_ FBO Phone: \_\_\_\_\_

\*Trips planned for more than one day or extended layovers should be explained in detail on back.