

**CROSS COUNTRY REQUEST**

FLYING CLUB OF KANSAS CITY  
P.O. BOX 33011, KANSAS CITY, MO 64114

**AIRCRAFT:** \_\_\_\_\_ Dates of trip, from \_\_\_\_\_ to \_\_\_\_\_

1. **ALL** trips requiring overnight stays must be requested in writing and be approved by at least two (2) board members. Flight request must be submitted and approved at least 3 days prior to the flight, and should be submitted 10 days in advance for proper scheduling.
2. Cross Country trips made during the same calendar day do not require Board approval.
3. It is the individual pilot's responsibility to deliver the Cross Country Request to the board members for approval.
4. **Minimum charge is 1 hour per day.** If the cost of the trip will exceed \$100.00, one half of the estimated cost of the trip must be paid prior to the flight.

Est. Time Enroute Hrs. Est. Cost. \$ \_\_\_\_\_

Amount Prepaid \$ \_\_\_\_\_ Rec. by \_\_\_\_\_

Pilot \_\_\_\_\_ Destination Airport \_\_\_\_\_

Address \_\_\_\_\_

Flight plan filed with: Columbia FSS

Address/Phone number where pilot can be reached  
\_\_\_\_\_

Date of last check ride \_\_\_\_\_ Check Pilots name \_\_\_\_\_

**APPROVED**      **DISAPPROVED**      **DATE**

IF LESS THAN 200 HOURS INSTRUCTOR MUST APPROVE

BOARD MEMBERS

**Instructions:** Send a self addressed, stamped envelope in with the cross country request. Mail two copies of the request, one approved copy will be returned in the envelope. All credits for gas purchases must be sent in to the club office within 7 days of the completion of your flight.

Signature of requesting pilot/member \_\_\_\_\_ Date: \_\_\_\_\_

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