



Customer Cross Country/Over-night Information Sheet

Please complete the following so that we will be able to contact you in an emergency. Thank you.

Customer Name _____

Aircraft N _____

Destination Information:

Airport _____

Contact Name _____

Contact Phone _____

Departure Date ____ / ____ / ____ Time _____

Return Date ____ / ____ / ____ Time _____

Reminder: By the terms of the Aircraft Rental Agreement, cross country rental customers have agreed to pay for actual hours or for minimum hours, whichever is greater.

Estimated minimum charge for this flight:

(To be filled in by AV-ED Flight School Operations Manger prior to dispatch. Minimum charge shall be for two hours for the first half day, or portion thereof, and thereafter for one hour for each half day or portion thereof. Half days start at 12 o'clock midnight and at 12 o'clock noon)

Minimum hours _____

Aircraft hourly rate \$ _____

Minimum charge for flight \$ _____

Have you received a briefing on current SFRA procedures?

Yes No (circle one)

Please attach a copy of your flight plan and navigation log to this form and leave with AV-ED Flight School Operations Manger.

Have a safe flight!