

united flying club
OVERNIGHT ITINERARY*

(member name-print)	(mem#)	(reviewer name- print)
(member signature)	(date)	(reviewer signature) (date)

**References for the following questions are found in the United Flying Club Rules and General Operating Practices*

Pilot Name: _____ Member # _____ Approx. Total Flight Hours _____

Certificate Type: _____	Club Night Check-Out: y / n
Instrument Rated: y / n	Night Current: y / n
Instrument Current: y / n	Club High Alt. Check: y / n

Aircraft N# _____ # Number Aboard _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Reservation approved by: _____ Date: _____

ROUTE OF FLIGHT:

AIRPORTS OF INTENDED LANDING:

PLANNED FUELING STOPS:

OVERNIGHT AIRPORTS Arrival Date Departure Date Destination Contact / Phone

- A) _____
- B) _____
- C) _____

- *Reminder - A Board Member approval is required for overnight reservations
- Minimum aircraft usage of 2 hours for each 24 hours reserved
 - If night or high altitude flight is planned, the appropriate club check-outs are required
 - Non-FAA approved fields require Board approval
 - FAA Flight Plans recommended for all overnight flights