

BEFA Cross Country Itinerary

Pilot _____ Wk Phone _____ Hm Phone _____ Destination _____

Contacts at principal locations _____

Aircraft N _____ Make _____ Model _____ Number Aboard _____

KRNT departure date & time ____/____/____ :____ (AM)(PM) Renton return date & time ____/____/____ :____ (AM)(PM)

Pilot experience: Total time (hrs) _____ Last 90 days _____ Make/Model total _____ This model last 90 days _____

FAA Medical Date ____/____/____ Medical Class _____ Last BFR date ____/____/____ How many hours to next A.D. _____

BEFA checks: 6 month Checkride date ____/____/____ A/C Make/Model _____ ☐ IFR ☐ VFR ☐ Float

Checkrides completed: ☐ Mountain ☐ Night ☐ Night X-C ☐ High Altitude ☐ Salt Water ☐ Mountain Lake

Please list ALL planned stops:

Date	From	To	IFR	VFR	Day	Night	Route (Airways, Direct, Other)	Distance (nm)	Time Enroute	Gas, Rest, RON stops, etc.

***Itinerary **MUST** be approved by the Safety Officer or Operations Officer PRIOR to your departure. Be sure to notify them of your completed itinerary available at BEFA.
Refer to paragraph 5.7C in the BEFA Rules of Operation.

I have read and understand the BEFA policy on delayed cross country flights, and agree to be governed by them and adhere to them at all times as a member of the Boeing Employees' Flying Association, Inc.

Pilot Signature: _____ Date ____/____/____

Aircraft scheduled ? YES/NO

Approved by: _____ Date ____/____/____

Deposit Check received? YES/NO Ck # _____