

Overnight or 240+ mile Cross-Country Checklist

Please enter in and verify all information prior to giving approval for a flight

Aircraft _____ Date ____/____/____
Name of Member _____
Phone Number where they can be reached while on the trip _____
Passengers _just me_____ Are they rated? _____
Destination(s) _____
Departure and Arrival Times to KSTC _____

6 month current? _____
Instrument Rated? _____ Current? _____
Medical Current? _____

Place Checks in each blank after discussing with member

- _____ Weather (or have them speak with CFI)
- _____ Runway information at destination airport (length, condition)
- _____ Fuel Availability
- _____ Fuel Endurance of Aircraft
- _____ Airport Services @ Destination (Tiedown, hangar, etc.)
- _____ Route of Flight
- _____ Payment upon return to KSTC
_____ **(Remind them about taking an envelope if returning after WA is closed!!!)**
- _____ Aircraft Maintenance Checked?
- _____ Cold weather operations – If under 20°F
_____ Plugging, hangaring, or preheating REQUIRED! – Damage caused by cold weather operations
- _____ Overnight kits (Tiedown ropes and stakes, extension cords)