

## **American Heritage Girls Flying Permit Application**

This application must be submitted to the National Office for approval, at least three weeks prior to event.

Troop	Contact _			
	E-mail			
Phone #				
Applies for a permit for a	C.A. C.	flight on Date		
Type of	f Aircraft	Date		
Name of airport where the flight will	both originate and	terminate		
	ght permission form (see page 2) are atta			
Troop Coordinator Signatur	re	Charter Rep Signature		
Office Use Only: Date Rcv'dInitalsApprovedNot	Approved Signature _	Date		

## Flight Requirements Type of Flight (choose one):

returning. The pilot has at 61 to carry passengers and restricted to the Basic Orier Advanced Orientation Fli other locations before return hours of total flight time, is	least a Private Pilot's Certificate has a current medical certificate ntation Flight.  ght. This flight will be within shing to the original airport. The current under FAR 61 to carry	e, has at least 250 hours of total flight time, is current under FAR issued under FAR 61. Tenderheart and Explorer Units are 50 nautical miles of the departure airport, and may include stops are pilot has at least a Private Pilot's Certificate, has at least 500 passengers and has a current medical certificate issued under FAI bers permitted to participate in Advanced Orientation Flights.	
Aircraft Aircraft Make and Model			
Only aircraft with an FAA Standard allowed.	Certificate of Airworthiness ma	ay transport AHG members. At no time are experimental aircraft	
Aircraft Number	raft Number Date of Last Inspection		
Aircraft Owner			
Insurance All aircraft to be used must carry at than \$100,000 per passenger sub-lim		y insurance coverage, including passenger liability, with no less	
List all policies that satisfy the \$1,00	00,000 insurance requirement:		
Insurance Company			
Amount \$	Policy Number	Expiration Date	
Insurance Company		<del></del>	
Amount \$	Policy Number	Expiration Date	
Insurance Company		<del></del>	
Amount \$	Policy Number	Expiration Date	
Pilot Name		Age	
Address			
City	State	e Zip	
Work Phone	Hom	e Phone	
Type of Pilot Certificate		(attach copy of Current Pilot Certificate)	
Date of Pilot Medical Certificate		(attach copy of Current Pilot Certificate)	
Pilot's Total Number of Flight Hour	s		



## American Heritage Girls Parent/Guardian Flight Permission Form

I certify that I am the parent/guardian of the participant listed below and give my consent for her to participate in the listed flight(s). I understand that participation in aviation activities involves a certain degree of risk, and may result in injury or death. I have considered this risk and agree to release from liability American Heritage Girls, Inc, their agents and employees of any resulting personal injury from participating in this program.

Date(s) of Flight(s)	
Name of participant	Parent/Guardian Signature