Cadet Orientation Flight Consolidation Report

MISSION #

Aircraft Tail Number N

173-3 Type

Flight Date (MM/DD/YY) / /

Location

Pilot CAPID (If applicable)

Total Fuel/Oil Receipts $.

Total Ferry Time .

Total Flight Time .

Engine:
- ☐ Normally Aspirated
- ☐ Turbocharged

Owner:
- ☐ Corporate
- ☐ Mbr Furnished
- ☐ Military
- ☐ Non CAP

Aircraft Type:
- ☐ Powered
- ☐ Glider
- ☐ Other

Charter	(Wing-Unit)	CAPID	Cadet's Last Name	FI	Flt Time	Altitude	Syl #
					.		
					.		
					.		
					.		
					.		
					.		

Reimburse to (Optional) Wing Reimbursement Criteria (Select One)

Region/Wing | Charter (Wing-Unit) | or Individual CAPID | or Event/Vendor

FI MI Last Name

Person Completing Form Signature

Phone Number ( ) -

Date Signed (MM/DD/YY) / /

CAPID

FI MI Last Name

Wing Approving Signature

Phone Number ( ) -

Date Signed (MM/DD/YY) / /

CAPID

ALWG Form 7 15 May 2006