

AFROTC/AFJROTC Flight Information Sheet

AFROTC/AFJROTC/Flight Orientation Information

Institution: _____

Det/Unit: _____

Cadet: _____

Date: _____

Front Flying hours#: 1 2 3 4

Observer Flying hours #: 1 2 3 4

Back Seat Flying hours: _____

Back Seat Flying hours: _____

Aircraft: CAP ____ Member ____

A/C Type: _____

Tail Number: _____

Mission Number : _____

Sortie No: _____

Pilot's Signature: _____

AFROTC/AFJROTC cadet returns this half to the AFROTC/AFJROTC Unit Flight Program Administrator

Note: Pilot must verify accuracy and sign both forms

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Sortie No: _____

Pilot's Signature: _____

CAP Pilot submits this half of form, fuel receipts, and KyWg Form-94 to:
Air Force O-Rides
CAP Headquarters - Ky Wing
PO Box 4665
Frankfort, KY 40604-4665

CAP orientation pilot returns this half to CAP Kentucky Wing Headquarters

Note: Pilot must verify accuracy and sign both forms