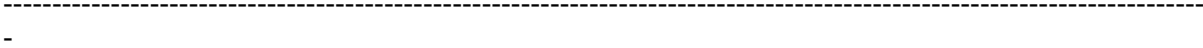


AFROTC/AFJROTC Flight Information Sheet

AFROTC/AFJROTC/ Flight Orientation Information	
Institution:_____	Det/Unit:_____
Cadet:_____	Date:_____
Front Flying hours#: 1 2 3 4	Observer Flying hours #: 1 2 3 4
Front Seat Flying hours Hours:_____	Back Seat Flying hours Hours:_____
Aircraft: CAP__Member__	A/C Type _____ Tail Number_____
Mission Number (optional/local use)_____	
Pilot's Signature: _____	
AFROTC/AFJROTC cadet returns this form to the AFROTC/AFJROTC Unit Flight Program Administrator	

Note: Pilot must verify accuracy and sign both forms



Note: Pilot must verify accuracy and sign both forms

AFROTC/AFJROTC/ Flight Orientation Information	
Institution:_____	Det/Unit:_____
Cadet:_____	Date:_____
Front Flying hours#: 1 2 3 4	Observer Flying hours #: 1 2 3 4
Front Seat Hours:_____	Back Seat Hours Flown:_____
Aircraft: CAP__Member__	A/C Type _____ Tail Number_____
Mission Number (optional/local use)_____	
Pilot's Signature: _____	
CAP orientation pilot submits this form to CAP Wing	