

R O N
MONMOUTH AREA FLYING CLUB
LAKEWOOD AIRPORT, NEW JERSEY

DATE: _____ 20____

SUBJECT: Request for Remain Over Night (RON) Flight

TO: Operations Officer, MAFC

1. I, the undersigned, request clearance for the following flight:

- A. Name: _____ Account# _____
- B. Type License (PPL, CPL, etc.): _____ Instrument (YES/NO): _____
- C. Date of Last Medical: _____ 20____ /Class _____
- D. Date of last BFR: _____ 20____
- E. Date of Last MAFC Check Ride _____ 20____
- F. Name of Instructor for Last MAFC Check Ride: _____
- G. Home Phone: _____ - _____ - _____
- H. Destination Phone: _____ - _____ - _____

2. The undersigned requests clearance for the following flight:

- A. Departure Date: _____ 20____
- B. Return Date: _____ 20____
- C. Destination: _____
- D. Distance (nm.): _____
- E. Proposed Route: _____
- F. Aircraft Tail #: N _____
- G. Calculated Minimum Hours (see Rules & Regulations, Section 4, Para 17): _____
(typically 1 hr per weekday, 2 hrs weekend day and holiday if plane is reserved 5 hrs or more from 8am-8pm)

3. I understand that I am responsible for the return of the aircraft to the MAFC base of operations. I further understand that I am responsible for the costs of returning the aircraft for whatever reason in addition to any charges for damages *or* repairs. In the event that I am unable to return the aircraft as scheduled, I understand that I must notify one of the following: (1) Operations Officer, (2) BOT Member, (3) Crew Chief.

Initiation of this flight is certification that I am financially able to incur the costs of returning this aircraft in case of weather, damage or other unanticipated delays or costs. Furthermore, I agree to pay the minimum daily charges as calculated on line 2G above unless the plane is returned earlier and I have changed the reservation in advance.

Signature: _____

APPROVED: _____ Date: _____, 20____

WAIVERS: _____