

# SSA State Soaring Record Application Form

ATTACH COMPLETED SSA AWARDS APPLICATION MASTER FORM

**Notify the State Record Keeper in writing within 10 days of the flight**

Pilot Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M F  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone or **E-MAIL**: \_\_\_\_\_ SSA Member #: \_\_\_\_\_

*Multiplace claims:*  
 Passenger Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M F  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State in which the Start Point is located: \_\_\_\_\_ Date of Flight: \_\_\_\_\_  
 Aircraft Make, Model & N-Number: \_\_\_\_\_  
 Sports Class Handicap, if applicable: \_\_\_\_\_

**Distance Claims:**

Category / Class	Record Type	Distance, Statute Miles Actual / Handicapped
_____ / _____	Free Distance (no turnpoints)	_____ / _____
_____ / _____	Free Out & Return Distance	_____ / _____
_____ / _____	Free Triangle Distance	_____ / _____
_____ / _____	Free Distance, Up to 3 TP	_____ / _____
_____ / _____	Straight Distance to a Goal	_____ / _____
_____ / _____	Out & Return Distance	_____ / _____
_____ / _____	Triangle Distance	_____ / _____
_____ / _____	Distance, Up to 3 TP	_____ / _____

**Speed Claims**

Category/Class	Record Type	Speed, MPH Actual / Handicapped
_____ / _____	Out & Return; _____ km	_____ / _____
_____ / _____	Triangle; _____ km	_____ / _____
Start Time: _____		Elapsed Time: _____
Finish Time: _____		

**Altitude Claims** *Available only in General & Feminine Category Open Classes*

High Point: \_\_\_\_\_ 'MSL Low Point: \_\_\_\_\_ 'MSL

Category / Class	Record Type	Performance
_____ / _____	Absolute Altitude	_____ 'MSL
_____ / _____	Altitude Gain	_____ Feet

**PILOT SIGNATURE:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**OBSERVER SIGNATURE:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_