

SSA State Soaring Record Application Form
 ATTACH COMPLETED SSA AWARDS APPLICATION MASTER FORM

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
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____
_____ / _____	_____	_____ / _____

Speed Claims: Not all distances are available for each record type - See current rules

Category/Class	Record Type	Speed, MPH Actual / Handicapped
_____ / _____	_____ ; _____ km	_____ / _____
_____ / _____	_____ ; _____ km	_____ / _____
_____ / _____	_____ ; _____ km	_____ / _____

Start Time: _____ Finish Time: _____ Elapsed Time: _____

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Pilot Name: _____ Date of Flight: _____

Altitude Claims:

Category / Class	Record Type	Performance
_____ / _____	_____	_____
_____ / _____	_____	_____
_____ / _____	_____	_____

High Point: _____ MSL Low Point: _____ MSL

PILOT SIGNATURE: _____

E-mail: _____

OBSERVER SIGNATURE: _____

E-mail: _____