



SSA Distance Award Notification Form

Pilot Name: _____ SSA Member # _____

Address: _____

_____ E-mail: _____

Flight Date: _____ Distance claimed: _____ Points claimed: _____

Glider Make & Model: _____ Span: _____

Glider Registration Number: _____ Winglets? ____Y ____N Handicap: _____

Barograph/GNSS FR Serial # _____ Calibration date: _____

Flight Type: (Circle One)

Straight Distance to a Goal

Out & Return

Triangle

Distance Using Up to 3 Turnpoints

Observer's Name: _____ SSA Member #: _____

Observer's Address: _____

_____ Email: _____

NOTE: This form must be submitted to the SSA within 10 days of completion of the flight. Mail the form to SSA, P. O. Box 2100, Hobbs, NM 88241-2100, fax it to 505-392-8154 or email to Thebadgelady@ssa.org. (This form may be photocopied and/or scanned.)

Remember - your completed SSA Awards Application Master Form, flight documentation and a \$10 processing fee are due within 45 days of the flight or within 15 days of any required post-flight barograph or FR calibration.