

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: _____ (Circle) M F
 Street: _____ City: _____ State: _____ Zip: _____
 Phone or E-MAIL: _____ SSA Member #: _____

Multiplace claims:
 Passenger Name: _____ DOB: _____ (Circle) 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: _____	Finish Time: _____	Elapsed 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:** _____