STATE RECORD KEEPER'S REPORTING FORM

As soon as possible after a new state record is approved, submit this form and an updated list of State Soaring Records to The Soaring Society of America, PO Box 2100, Hobbs NM 88241-2100. Records will be published in SOARING *only* after receipt of this form.

NAME OF STATE (Do not abbreviate) ..... _____

RECORD CLASS (One or more]) ..... _____
Refer to State Record rules for guidance]

_____

RECORD TYPE (May be one or more. Triangle,
Out & Return, "Free" Distance, Speed, Altitude, etc.) ..... _____
[Refer to State Record Rules for guidance]

RECORD PERFORMANCE (Mi., Ft., or mph. If
more than one record, use slash marks between them) ..... _____

SPORTS CLASS Actual miles _____ CH Handicap _____ Time _____ Hrs.

HMI _____ HMPH _____

NAME OF PILOT ..... _____

NAME OF PASSENGER (If Multi-place record) ..... _____

SAILPLANE USED (Common designation) ..... _____

DATE OF FLIGHT ..... _____

START OF FLIGHT LOCATION ..... _____

REPORTED BY ..... _____

Records flown by State Record Keepers should be verified and reported by the SSA State Governor. If the Governor is the Record Keeper, and the record is flown by the Governor, the record should be verified and reported by an SSA Director.

For SSA Use: Entered on Master Table: _____

Issue of SOARING to be in: _____

Date received by SSA: _____