

**AUSTRALIAN LONG JUMP 2011  
RECORD OF FLIGHT FORM**

**PILOT'S NAME:**

**BALLOON:**

Name:

Reg. No.:

Manufacturer:

Model:

Size:

**FUEL CARRIED:**

Size of Tanks and number of each carried:

(Additional tank/s exceeding the 150 litre total fuel allowance may only be carried if sealed by tying the handle with a breakable tape or paper seal. Penalties apply for the use of Emergency fuel. See the Rules for details of measurement methods and verification.

**DATE OF ATTEMPT:** ..... June-, Sept, 2011

**TAKEOFF DETAILS:**

Takeoff Location (8 figure Grid reference Map Name):

General description of takeoff location:

Address:

Name of Property, if applicable:

Name of Landowner:

Time of Take-off:

**WITNESS STATEMENT**

I the undersigned, not being a member of the crew of the balloon making this flight thereby confirm that the take-off of the balloon occurred at the date, time and place described in the report above.

Signed..... Print name.....

Address ..... Phone Number .....

.....

.....

**FLIGHT CONTINUITY STATEMENT (TO BE COMPLETED BY THE PILOT)**

I, the undersigned, swear that the flight described in the report and any attached detailed documents took place in a single continuous flight during the months of June - Sept 2011 within Australia, in accordance with the official rules of the Australian Ballooning Long Jump 2011. (See the Rules for additional proofs that may be provided).

**Signed**

.....

**PILOT NAME:** .....

**LANDING DETAILS:**

Landing Location (8 figure Grid reference Map Name)

General description of landing place:

Address:

Name of Property, if applicable:

Name of Landowner:

Time of Landing:

(To be completed by the pilot)

**ESTIMATED DISTANCE FLOWN:** ..... Km.

**WITNESS STATEMENT**

I, the undersigned, not being a member of the crew of the balloon making this flight thereby confirm that the landing of the balloon took place at the date, time and place described in the report above.

Signed..... Print name.....

Address ..... Phone Number

.....

.....

.....

**Please return a signed copy of this form to: -**

**Les Springett  
19 Keston Avenue  
Mosman NSW 2088**