



Ann Morrow Lindbergh Trophy Flight Claim / Application Form

Scan and submit form via email attachment to: trophy@womensoaring.org

Only female WSPA members are eligible for AML Trophy. Flights must be solo. Certified student pilots eligible.

A. Pilot Name: _____ Current Pilot Rating(s): _____

B. Address: _____ City: _____ State: _____ Zip: _____

C. E-mail : _____ NAC to Notify if other than US: _____

D. Flight Date: _____ Sailplane & Number: _____ Motorglider? Yes ___ No ___

E. Take Off Site Name: _____ City: _____ State: _____ Country: _____

Take off Site Elevation: _____ ft. MSL Take off time: _____

F. Motor-Glider Self-launch? Yes ___ No ___

G. Release/MoP stop Altitude: _____ ft. MSL Release/MoP stop Time: _____

H. Landing Site Name: _____ City: _____ State: _____ Country: _____

Landing Site Elevation: _____ ft. MSL Landing Time: _____

I. Calculation of Distance Credits

1. Base Distance Claimed: _____ sm

2. *Sailplane Handicap Number: _____ X _____ sm = _____ Handicapped sm

3. **Badge Level Handicap _____ X _____ = _____ **Total Credits**

**Go to the SSA Handicap Chart to find your sailplane's handicap number. (Go to SSA Web Page www.ssa.org. In left column: select "Sailplane Racing;" Pull down "Other Resources;" Select "Sports Class Handicaps."*

***Your Personal Handicap by SSA badge level (before completion of flight):*

Diamond Badge = 1.0 Gold Badge = 1.5 Silver Badge = 2.0 All Others = 2.5

J. GPS MODEL & SERIAL #: _____

Data recorded in flight has been saved (eg: CD, memory stick or memory card) and can be submitted to AML Trophy Committee upon request. ___Yes ___No (attach explanation)

K. OBSERVER'S NAME: _____ E-MAIL: _____

L. As Pilot, I hereby submit this claim as part of application for the AML Trophy:

(Pilot's Signature)

(Date)