

## SSA Distance Award Notification Form

Pilot Name:	SSA Member #
Address:	
	F-mail:
Flight Date: Distance	ce claimed: Points claimed:
Glider Make & Model:	Span:
Glider Registration Number:	Winglets?YN Handicap:
Barograph/GNSS FR Serial #	Calibration date:
Flight Type: (Circle One)	
Straight Distance t	o 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.