

SCHOFIELDS FLYING CLUB LIMITED

REGISTER OF ALAs

Name of AirStrip/Property: _____

General Location: _____
(WAC Number)

AOPA Directory **YES/NO** _____

Latitude/Longitude: _____

Elevation: _____

Strip Direction: _____

Strip Surface: _____

Strip Dimensions: _____

Slope: _____

Parking Area: _____

Surface Hazards: _____

Fuel Availability: _____

Lighting Availability: _____

Com. Radio Frequency: _____

Owner: _____
(name and telephone number)

Permission Required: **YES/NO** _____

Landing Fee: _____

Special Procedures: _____

SFC Condition for use: 1. Must contact owner for strip conditions prior to use.

Chief Pilot's Approval:	Date:
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**The Aerodrome diagram must be attached to this form
and handed to the CFI for approval to operate.**