

FORMS

APPENDIX B

Appendix B (Forms) Index

[Forms marked with an asterisk (*) require duplexing. Check before printing]

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AIRCRAFT PREFLIGHT INSPECTION EVENT

Scoring Form

Contestant ID #: _____

Total Score:

Contestant Name: _____

School: _____

Preflight Technique:	Poor		Average		Excellent	
Method	1	2	3	4	5	(circle)
Thoroughness	1	2	3	4	5	(circle)
Technique Total:	<input type="text"/>					

Comments:

[Example: "Did not drain fuel"; "Did not check fuel quantity visually"; "Failed to follow logical inspection sequence"; etc.]

Valid Discrepancies: (see attached discrepancy form)

Valid discrepancies found by contestants not known to judge:

List: _____

Valid Discrepancies Total:

Invalid Discrepancies: [List]

1. _____
2. _____
3. _____
4. _____

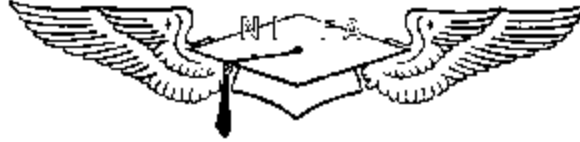
Invalid Discrepancies Total:

Total Score: Technique + Valid - Invalid = Total Score
 + - =

Time: min. [Maximum of 15 minutes]

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NATIONAL INTERCOLLEGIATE FLYING ASSOCIATION



Send To:

NIFA, Inc.
Box 3204
Delta State University
Cleveland, MS 38733

CHARITABLE CONTRIBUTION FORM

FOR USE IN ACCUMULATING TAX DEDUCTIBLE EXPENSES INCURRED IN CONNECTION WITH SERVICES PROVIDED THE NATIONAL INTERCOLLEGIATE FLYING ASSOCIATION, A 501(C)3, NOT-FOR-PROFIT ORGANIZATION.

NAME: _____ PHONE: (____) _____

ADDRESS: _____ DATE OF TRIP: From ____/____/____
To ____/____/____

PURPOSE OF TRIP: _____ (specify which SAFECON or meeting)

DEPARTED FROM: _____ DESTINATION: _____

TRAVEL EXPENSE:

TRANSPORTATION:

PERSONAL VEHICLE: _____ miles at \$0.325 per mile \$ _____

* RENTAL CAR: \$ _____

* AIR FARE: \$ _____

* OTHER: \$ _____

* PARKING: \$ _____

* TOLLS: \$ _____

Attach PHOTOCOPIES ONLY of Your Receipts

TOTAL TRANSPORTATION \$ _____

PER DIEM: [itemize on back]

* FOOD: \$ _____

* LODGING: \$ _____

* OTHER: \$ _____

Attach PHOTOCOPIES ONLY of Your Receipts

TOTAL PER DIEM \$ _____

Signature: _____

DATE: ____/____/____

Income Tax Regulation S. 170-1(g) states that unreimbursed expenditures made incident to the rendition of services to an organization, contributions to which are deductible, may constitute a tax deductible contribution, as may out-of-pocket transportation expenses and reasonable expenditures for meals and lodging necessarily incurred while away from home in the course of performing donated services.

Verification

The above named individual incurred expenses in the amount of \$ _____ at the request of The National Intercollegiate Flying Association for which he/she was not reimbursed by NIFA, Inc..

DATE: ____/____/____

Gary A. Hemphill, NIFA Executive Director

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

DATE: ____/____/____

LODGING (including tax): \$ _____

FOOD: \$ _____

OTHER:

_____ \$ _____

DAILY TOTAL: \$ _____

**SAFECON
CONTESTANT REGISTRATION FORM**

Check one:

- National
 Region _____

Date: ____/____/____

SAFECON 200____

School: _____ Sex: Male Female

Last Name: _____ First Name: _____ Middle Name: _____

Expected graduation date: _____ [month / year]

Mailing address when in school: _____

 City State Zip

Mailing address when not in school: _____

 City State Zip

Name of parent or guardian: _____

Relationship: _____

Address: _____ Phone: _____
 _____ Work: () _____ - _____
 _____ Home: () _____ - _____
 City State Zip *Cell: () _____ - _____

*** Will only be used in an emergency and only after other means of contact are unsuccessful. This number is not recorded in NIFA's database and will not be given out to anyone other than a NIFA official during the days of SAFECON.**

Pilot Certificate Number or Social Security Number: _____ - _____ - _____

How many regional SAFECONS have you competed in? _____

How many national SAFECONS have you competed in? _____

Place an "X" in the space next to each of the following licenses or ratings you possess:

Private _____ Instrument _____ Flight Instructor _____
 Commercial _____ Multi-engine _____ A&P _____

What is your total flight time? _____ hrs.

What hotel are you staying at? _____ What room? _____

**Upon completion of the Regional SAFECON, the host school is send all completed copies of this form is to:
 NIFA National Headquarters; Box 3204, DSU; Cleveland, MS 38733**

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The National Intercollegiate Flying Association

Judge Application

Please Type or Print the following requested information:

NAME: _____		
Last	First	Middle

Work Address:

City State Zip

Home Address:

City State Zip

Work:	Home:
Phone: _____ - _____	Phone: _____ - _____
FAX: _____ - _____	FAX: _____ - _____
E-Mail: _____	E-Mail: _____

Employer Information: (if you are retired or unemployed move to the next block)	
Name: _____	
Address: _____	Does your company have a newsletter or magazine? __ Yes __ No

City State Zip	

Experience:	Yes	No
1. Are you a former NIFA competitor?	___	___
2. Are you a pilot?	___	___
3. Are you an A&P aircraft mechanic?	___	___
4. Are you a member of a World Precision Flight team?	___	___
5. Are you familiar with how to use a personal computer?	___	___

Check one:
 Nationals
 Region

JUDGING RECORD

Please PRINT All Information

From: ___/___/___

To: ___/___/___

LAST NAME _____

FIRST NAME: _____

ADDRESS: _____

PHONE - HOME: () _____ - _____

- WORK: () _____ - _____

Email: _____

_____ CITY _____ ST _____ ZIP

JUDGES SCHOOL LOCATION: _____

JUDGES SCHOOL DATE: ___/___/___

CERTIFYING JUDGE: _____

Place a "X" in the space next to each judging position which you have filled during this SAFECON. To ensure completeness and accuracy of this form, you should UPDATE THIS FORM DAILY.

<input type="checkbox"/> LOENING	<input type="checkbox"/> A CARD OBSERVER	<input type="checkbox"/> NAV REFUELING OBSERVER
<input type="checkbox"/> WOMENS ACHIEVEMENT	<input type="checkbox"/> A CARD [Lead Judge]	<input type="checkbox"/> NAV REFUELING
<input type="checkbox"/> MENS ACHIEVEMENT	<input type="checkbox"/> B CARD OBSERVER	<input type="checkbox"/> NAV DISPATCHER
<input type="checkbox"/> PREFLIGHT, ASSISTANT	<input type="checkbox"/> B CARD [Lead Judge]	<input type="checkbox"/> NAV CHECK-IN
<input type="checkbox"/> PREFLIGHT [Lead Judge]	<input type="checkbox"/> C CARD OBSERVER	<input type="checkbox"/> CHIEF NAVIGATION, REG.
<input type="checkbox"/> SIMULATOR	<input type="checkbox"/> C CARD [Lead Judge]	<input type="checkbox"/> CHIEF NAVIGATION, NAT.
<input type="checkbox"/> AIRCRAFT RECOG. [Exam Monitor]	<input type="checkbox"/> D CARD OBSERVER	<input type="checkbox"/> STAGING, REGIONAL
<input type="checkbox"/> AIRCRAFT RECOG. [Lead Judge]	<input type="checkbox"/> D CARD [Lead Judge]	<input type="checkbox"/> STAGING, ASSISTANT
<input type="checkbox"/> COMPUTER ACC. [Exam Monitor]	<input type="checkbox"/> E CARD OBSERVER	<input type="checkbox"/> STAGING, NATIONAL
<input type="checkbox"/> COMPUTER ACC. [Lead Judge]	<input type="checkbox"/> E CARD [Lead Judge]	<input type="checkbox"/> SAFETY, REG.
<input type="checkbox"/> SCAN [Exam Monitor]	<input type="checkbox"/> F CARD OBSERVER	<input type="checkbox"/> SAFETY, ASSISTANT
<input type="checkbox"/> SCAN [Lead Judge]	<input type="checkbox"/> F CARD [Lead Judge]	<input type="checkbox"/> SAFETY, NAT.
<input type="checkbox"/> ELECTRONIC FLIGHT COMPUTER	<input type="checkbox"/> G CARD OBSERVER	<input type="checkbox"/> SCOREKEEPER, REG.
<input type="checkbox"/> QUARTERMASTER	<input type="checkbox"/> G CARD [Lead Judge]	<input type="checkbox"/> SCOREKEEPER, ASSISTANT
<input type="checkbox"/> IFR	<input type="checkbox"/> LINE [either landing event]	<input type="checkbox"/> SCOREKEEPER, NAT.
<input type="checkbox"/> IFR Simulator	<input type="checkbox"/> CHIEF SHORT FIELD	<input type="checkbox"/> ASS'T. CHIEF JUDGE, REG.
<input type="checkbox"/> CRM	<input type="checkbox"/> CHIEF POWER OFF	<input type="checkbox"/> CHIEF JUDGE, REG.
<input type="checkbox"/> MESSAGE DROP, MEASURER	<input type="checkbox"/> NAV TURN POINT OBSERVER	<input type="checkbox"/> ASS'T. CHIEF JUDGE, NAT.
<input type="checkbox"/> CHIEF MESSAGE DROP, REG.	<input type="checkbox"/> NAV TURN POINT CAPTAIN	<input type="checkbox"/> CHIEF JUDGE, NAT.
<input type="checkbox"/> CHIEF MESSAGE DROP, NAT.	<input type="checkbox"/> NAV CHECKPILOT	

OTHER (Describe): _____

COMMENTS:

CHIEF JUDGE: A copy of this form should be maintained on a daily basis for each judge used during the SAFECON. After completion of the SAFECON, you should mail all of the judging records to: NIFA National Headquarters - Box 3204 - Delta State University - Cleveland, MS 38733.

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HEAT	SCORE	DISQUALIFICATION
	1st Target:	___ Too Low
	2nd Target:	___ Too Slow
	Total:	___ Configuration
POSITION	Remarks:	___ Spacing

HEAT	SCORE	DISQUALIFICATION
	1st Target:	___ Too Low
	2nd Target:	___ Too Slow
	Total:	___ Configuration
POSITION	Remarks:	___ Spacing

HEAT	SCORE	DISQUALIFICATION
	1st Target:	___ Too Low
	2nd Target:	___ Too Slow
	Total:	___ Configuration
POSITION	Remarks:	___ Spacing

HEAT	SCORE	DISQUALIFICATION
	1st Target:	___ Too Low
	2nd Target:	___ Too Slow
	Total:	___ Configuration
POSITION	Remarks:	___ Spacing

NAVIGATION CHECKPOINT PERSONNEL FORM

ROUTE: _____
NAV COORDINATOR: _____
QUARtermaster: _____

START OR TOWER:

CAPTAIN: _____
HOTEL: _____ ROOM #: _____
OBSERVER: _____
HOTEL: _____ ROOM #: _____
EVALUATION: _____

TURNPOINT #1:

CAPTAIN: _____
HOTEL: _____ ROOM #: _____
OBSERVER: _____
HOTEL: _____ ROOM #: _____
EVALUATION: _____

DRIVER: _____
HOTEL: _____ ROOM #: _____

TURNPOINT #2:

CAPTAIN: _____
HOTEL: _____ ROOM #: _____
OBSERVER: _____
HOTEL: _____ ROOM #: _____
EVALUATION: _____

DRIVER: _____
HOTEL: _____ ROOM #: _____

TURNPOINT #3:

CAPTAIN: _____
HOTEL: _____ ROOM #: _____
OBSERVER: _____
HOTEL: _____ ROOM #: _____
EVALUATION: _____

DRIVER: _____
HOTEL: _____ ROOM #: _____

TURNPOINT #4:

CAPTAIN: _____
HOTEL: _____ ROOM #: _____
OBSERVER: _____
HOTEL: _____ ROOM #: _____
EVALUATION: _____

DRIVER: _____
HOTEL: _____ ROOM #: _____

TURNPOINT #5:

CAPTAIN: _____
HOTEL: _____ ROOM #: _____
OBSERVER: _____
HOTEL: _____ ROOM #: _____
EVALUATION: _____
DRIVER: _____
HOTEL: _____ ROOM #: _____

REFUELING AREA JUDGES:

NAME: _____
POSITION: _____
HOTEL: _____ ROOM #: _____
OBSERVER: _____
HOTEL: _____ ROOM #: _____
EVALUATION: _____

DISPATCHER(S):

NAME: _____
HOTEL: _____ ROOM #: _____
OBSERVER: _____
HOTEL: _____ ROOM #: _____
EVALUATION: _____

CONTESTANT CHECKPOINT REPORT FORM

PLEASE PRINT!

Contestant ID #: _____

Contestant Name: _____

School: _____

Aircraft N-_____ Aircraft Nav ID #: _____

Aircraft Type: _____ Aircraft Color: _____

<u>Checkpoint</u>	<u>Checkpoint Letter or Symbol</u>
-------------------	------------------------------------

#1	_____
----	-------

#2	_____
----	-------

#3	_____
----	-------

#4	_____
----	-------

#5	_____
----	-------

Contestant's Signature: _____

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JUDGING RECORD

Please PRINT All Information

Region ____, 19__

LAST NAME _____

FIRST NAME: _____

ADDRESS: _____

PHONE - HOME: () _____ - _____

- WORK: () _____ - _____

- FAX: () _____ - _____

CITY _____ ST _____ ZIP _____

JUDGES SCHOOL LOCATION: _____

JUDGES SCHOOL DATE: __/__/__

CERTIFYING JUDGE: _____

Place a "X" in the space next to each judging position which you have filled during this SAFECON. To ensure completeness and accuracy of this form, you should UPDATE THIS FORM DAILY.

<input type="checkbox"/> LOENING	<input type="checkbox"/> C CARD OBSERVER	<input type="checkbox"/> NAV REFUELING
<input type="checkbox"/> WOMENS ACHIEVEMENT	<input type="checkbox"/> C CARD	<input type="checkbox"/> NAV DISPATCHER
<input type="checkbox"/> MENS ACHIEVEMENT	<input type="checkbox"/> D CARD OBSERVER	<input type="checkbox"/> NAV CHECK-IN
<input type="checkbox"/> PREFLIGHT, ASSISTANT	<input type="checkbox"/> D CARD	<input type="checkbox"/> CHIEF NAVIGATION, REG.
<input type="checkbox"/> PREFLIGHT	<input type="checkbox"/> E CARD OBSERVER	<input type="checkbox"/> CHIEF NAVIGATION, NAT.
<input type="checkbox"/> SIMULATOR	<input type="checkbox"/> E CARD	<input type="checkbox"/> STAGING, REGIONAL
<input type="checkbox"/> AIRCRAFT RECOGNITION	<input type="checkbox"/> F CARD OBSERVER	<input type="checkbox"/> STAGING, ASSISTANT
<input type="checkbox"/> COMPUTER ACCURACY	<input type="checkbox"/> F CARD	<input type="checkbox"/> STAGING, NATIONAL
<input type="checkbox"/> SCAN	<input type="checkbox"/> G CARD OBSERVER	<input type="checkbox"/> SAFETY, REG.
<input type="checkbox"/> ELECTRONIC FLT. COMP.	<input type="checkbox"/> G CARD	<input type="checkbox"/> SAFETY, ASSISTANT
<input type="checkbox"/> QUARTERMASTER	<input type="checkbox"/> H CARD OBSERVER	<input type="checkbox"/> SAFETY, NAT.
<input type="checkbox"/> IFR	<input type="checkbox"/> H CARD	<input type="checkbox"/> SCOREKEEPER, REG.
<input type="checkbox"/> IFR SIMULATOR	<input type="checkbox"/> LINE OBSERVER	<input type="checkbox"/> SCOREKEEPER, ASSISTANT
<input type="checkbox"/> MESSAGE DROP, MEASURER	<input type="checkbox"/> LINE	<input type="checkbox"/> SCOREKEEPER, NAT.
<input type="checkbox"/> CHIEF MESSAGE DROP, REG.	<input type="checkbox"/> CHIEF SHORT FIELD	<input type="checkbox"/> ASS'T. CHIEF JUDGE, REG.
<input type="checkbox"/> CHIEF MESSAGE DROP, NAT.	<input type="checkbox"/> CHIEF POWER OFF	<input type="checkbox"/> CHIEF JUDGE, REG.
<input type="checkbox"/> A CARD OBSERVER	<input type="checkbox"/> NAV TURN POINT OBSERVER	<input type="checkbox"/> ASS'T. CHIEF JUDGE, NAT.
<input type="checkbox"/> A CARD	<input type="checkbox"/> NAV TURN POINT CAPTAIN	<input type="checkbox"/> CHIEF JUDGE, NAT.
<input type="checkbox"/> B CARD OBSERVER	<input type="checkbox"/> NAV CHECKPILOT	
<input type="checkbox"/> B CARD	<input type="checkbox"/> NAV REFUELING OBSERVER	

OTHER (Describe): _____

COMMENTS:

CHIEF JUDGE: A copy of this form should be maintained on a daily basis for each judge used during the SAFECON. After completion of the SAFECON, you should mail all of the judging records to: NIFA National Headquarters - Box 3204 - Delta State University - Cleveland, MS 38733.

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NAVIGATION EVENT FLIGHT PLANNING & COMPUTER ENTRY FORM

***** NOTICE *****
ALL SECTIONS ON THIS PAGE OF THE FORM MUST BE COMPLETED DURING THE PLANNING PERIOD. DO NOT WRITE ON THE SECOND PAGE!

CONTESTANT ID #: _____ COURSE: _____
 NAME: _____ APPROVED BY: _____
 SCHOOL: _____ SAFETY OBSERVER ID #: _____
 AIRCRAFT NAV NUMBER: _____ HEAT / POSITION SEQUENCE #: _____
 AIRCRAFT N #: _____ AIRCRAFT TYPE: _____
 AIRCRAFT COLORS: _____

INPUT SEQUENCE

LEG	ETE MIN : SEC	MAG HDG
1.	_____ : _____	_____
2.	_____ : _____	_____
3.	_____ : _____	_____
4.	_____ : _____	_____
5.	_____ : _____	_____

OFFICIAL USE ONLY

DISQUALIFICATIONS:

1. PLOTTING COURSE BACKWARD
2. INCOMPLETE CHART & PAPERWORK
3. INCORRECT PLOTTING OF COURSE
4. OTHER: _____

JUDGES INITIALS

TOTAL ESTIMATED TIME ENROUTE:

_____ : _____ : _____
 HRS MIN SEC

ESTIMATED FUEL USE:

_____ . _____
 GALLONS TENTHS

 CONTESTANT'S SIGNATURE

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NAVIGATION EVENT FLIGHT PLANNING & COMPUTER ENTRY FORM

***** NOTICE *****
SECTIONS ON THE TOP PAGE OF THIS FORM MUST BE COMPLETED DURING THE PLANNING PERIOD. DO NOT WRITE ON THIS PAGE!

CONTESTANT ID #: _____ COURSE: _____

NAME: _____ APPROVED BY: _____

SCHOOL: _____ SAFETY OBSERVER ID #: _____

AIRCRAFT NAV NUMBER: _____ HEAT / POSITION SEQUENCE #: _____

AIRCRAFT N #: _____ AIRCRAFT TYPE: _____

AIRCRAFT COLORS: _____

INPUT SEQUENCE

1. _____:_____:_____ TIME OFF

2. _____:_____:_____ ATA OVER 1

3. _____:_____ _____

4. _____:_____:_____ ATA OVER 2

5. _____:_____ _____

6. _____:_____:_____ ATA OVER 3

7. _____:_____ _____

8. _____:_____:_____ ATA OVER 4

9. _____:_____ _____

10. _____:_____:_____ ATA OVER 5

11. _____:_____ _____

TOTAL ESTIMATED TIME ENROUTE:

12. _____:_____:_____

HRS MIN SEC

ESTIMATED FUEL USE: _____

13. GALLONS TENTHS

ACTUAL FUEL USED: _____

14. GALLONS TENTHS

PENALTY POINTS

MISSED LETTER: _____ X 50 = _____

WRONG LETTER: _____ X 200 = _____

MISSED CHECKPOINT: _____ X 500 = _____

OTHER: _____ = _____

15. TOTAL PENALTY POINTS = _____

OFFICIAL USE ONLY

DISQUALIFICATIONS:	JUDGES INITIALS
1. PLOTTING COURSE BACKWARD	_____
2. INCOMPLETE CHART & PAPERWORK	_____
3. INCORRECT PLOTTING OF COURSE	_____
4. OTHER: _____	_____
5. CIRCLING / HDG DEVIATIONS > 90°	_____
6. MINIMUM CONTROLLABLE AIRSPEED	_____
7. UNSAFE / HAZARDOUS OPERATIONS	_____

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