

FFI Wingman Evaluation Form

Name _____ Date _____
 Address _____
 Phone _____ FAX _____ Email _____
 EAA # _____ Pilot License and # _____ Medical _____
 Total Time _____ Type Time _____ Formation Time _____ #4-ships _____

Recommendation: I have observed the above pilot in ___ formation flights, find him/her qualified, and recommend him/her for an FFI Wingman check flight.

FFI Flight Lead/Check Pilot Printed Name _____ Number _____
 Signature _____ Date _____

RELEASE/ HOLD HARMLESS ON REVERSE MUST BE SIGNED BEFORE FLIGHT.

Evaluation:	Qual	Cond Qual	Unqual	Overall
Signals	_____	_____	_____	Qual _____
Knowledge	_____	_____	_____	Unqual _____
Ground Operations	_____	_____	_____	
Radio Ops	_____	_____	_____	
Run-up	_____	_____	_____	
Takeoff	_____	_____	_____	
Climbout	_____	_____	_____	
Cross Unders, Pitchouts	_____	_____	_____	
Lazy 8 Maneuvering	_____	_____	_____	
Pattern, Landing	_____	_____	_____	
Taxi, Debriefing	_____	_____	_____	

Comments: (Continue on rear as necessary)

Recommendation for Training:

FFI Check Pilot Printed Name _____ Number _____
 Signature _____ Date _____

Release/ Hold Harmless:

The undersigned Holder/Applicant of/for a Formation Flying, Incorporated (FFI) Wingman Formation Card hereby acknowledges and attests to that he/she is an active member of EAA. I hereby agree to be familiar with and abide by the guidelines of FFI. I further acknowledge and understand that the guidelines of FFI have been established to provide the Holder/Applicant of/for the Card with the minimum information necessary to understand the procedures and signals of formation flying. I further acknowledge and understand that it is my sole responsibility to keep fully informed, current, and aware of all information available from whatever source concerning formation flight. The undersigned recognizes and agrees that no representation or warranties have been made to him/her which are inconsistent with any of the procedures, signals, and policies, as set forth within the Formation Flight Manual (all editions) published by the T-34 Association, Inc, or the Darton International, Inc, video, "Formation Flying-The Art". Further, I hereby acknowledge and recognize that this Formation Card Evaluation does not waive my obligation to abide by all local, state, and Federal rules and regulations. I further recognize that formation flight training and formation flying is inherently dangerous wherein there is a possibility of injury or death, and in consideration of my acceptance of this Formation Card issued by FFI, I, for myself, my heirs, executor, administrators, and assigns do hereby release and forever discharge FFI, its members, officers, directors, employees, suppliers, agents, or representatives of and from any and all claims, demands, losses, or injuries incurred or sustained by me as a result of instruction, training, attending, participating in, practicing for, and traveling to and from activities involving formation flights. Further, I agree to accept any and all financial obligations incurred as a result of medical assistance, hospitalization, and related expenses which may arise out of participation, attendance, practicing for, traveling to and from, or because of engaging in formation flights organized by any named entity or individual named herein.

Printed Name _____ Date _____
Signature _____

Additional Comments (continued from front side)

FFI Flight Lead Evaluation Form

Name _____ Date _____
 Address _____
 Phone _____ FAX _____ Email _____
 EAA # _____ Pilot License and # _____ Medical _____
 Total Time _____ Type Time _____ Formation Time _____ 4-ships _____ FL _____

Recommendation: I have observed the above pilot in ___ formation flights, find him/her qualified, and recommend him/her for an FFI Flight Leader check flight.

FFI Flight Lead/Check Pilot Printed Name _____ Number _____
 Signature _____ Date _____

RELEASE/ HOLD HARMLESS ON REVERSE MUST BE SIGNED BEFORE FLIGHT.

Evaluation:	Qual	Cond Qual	Unqual	Overall
Signals	_____	_____	_____	Qual _____
Knowledge	_____	_____	_____	Unqual _____
Briefing	_____	_____	_____	
Ground Operations	_____	_____	_____	
Takeoff, Joinup	_____	_____	_____	
General Lead	_____	_____	_____	
Maneuvers	_____	_____	_____	
Pattern, Landing	_____	_____	_____	
Debriefing	_____	_____	_____	

Comments: (Continue on rear as necessary)

Recommendation for Training:

FFI Check Pilot Printed Name _____ Number _____
 Signature _____ Date _____

Release/Hold Harmless:

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Printed Name _____ Date _____
Signature _____

Additional Comments (continued from front side)

FFI Check Pilot Evaluation Form

Name _____ Date _____
 Address _____
 Phone _____ FAX _____ Email _____
 EAA # _____ Pilot License and # _____ Medical _____
 Total Time _____ Type Time _____ Formation Time _____ 4-ships _____ FL _____

Recommendation: I have observed the above pilot in ___ formation flights, find him/her qualified, and recommend him/her for an FFI Check Pilot check flight.

FFI Flight Lead/Check Pilot Printed Name _____ Number _____
 Signature _____ Date _____

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FFI Flight Lead/Check Pilot Printed Name _____ Number _____
 Signature _____ Date _____

RELEASE/ HOLD HARMLESS ON REVERSE MUST BE SIGNED BEFORE FLIGHT.

Evaluation:	Qual	Cond Qual	Unqual	Overall
Signals	_____	_____	_____	Qual _____
Knowledge	_____	_____	_____	Unqual _____
Briefing	_____	_____	_____	
Ground Operations	_____	_____	_____	
Takeoff, Joinup	_____	_____	_____	
General Lead	_____	_____	_____	
Maneuvers	_____	_____	_____	
Pattern, Landing	_____	_____	_____	
Debriefing	_____	_____	_____	

Comments: (Continue on rear as necessary)

Recommendation for Training:

FFI Check Pilot Printed Name _____ Number _____
 Signature _____ Date _____

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Printed Name _____ Date _____
Signature _____

I agree to abide by Program policies and procedures and commit to serve the formation community. Signature _____ Date _____

Additional Comments (continued from front side)

FFI Formation Standards and Proficiency Program

Annual Activity Report

Name _____ EAA # _____

Wingman # _____

Formation Flights (Four 4-ship)
Date _____ # of ships _____
Date _____ # of ships _____
Date _____ # of ships _____
Date _____ # of ships _____

Flight Lead # _____
Check Pilot # _____

Formation Flights as Lead (Four 4-ship)
Date _____
Date _____
Date _____
Date _____

Flight Lead/Check Pilot Name _____ # _____

Flight Lead/Check pilot Sign _____

Check Pilots list check flight activity on reverse side