

FFI Formation Standards and Proficiency Program
Annual Activity Report

Name _____ Date _____
Address/City/State/ZIP _____
Phone _____ Cell _____ Email _____
Pilot License Type and # _____ Medical _____ Type Plane _____
Total Time _____ Type Time _____ Formation Time _____ 4-ships _____ FL _____

FFI Wingman # _____

Formation Flights (Four 4-ship)

Date _____ # of ships _____

Date _____ # of ships _____

Date _____ # of ships _____

Date _____ # of ships _____

FFI Flight Lead # _____

Formation Flights as Lead (Four 4-ship)

FFI Check Pilot # _____

Date _____

Date _____

Date _____

Date _____

Flight Log Verification by Flight Lead or Check Pilot

Name _____ FFI # _____

Signature _____

Check Pilots list check flight activity on reverse side