

AUTISM ESCAPES AIRCRAFT DONATION FORM

AIRCRAFT TYPE:		TAIL NUMBER:	
Owner Name:			
Address:			
Email:		Phone:	Mobile:
Company Name:		Additional Contact:	
AIRCRAFT INFORMATION			
Number of Hours Donated:			Serial No:
Airport Base:	Part 135 Part 91 <i>(Please circle)</i>	FAA Cert #:	
Belted Seats:	Enclosed Lav:	Galley?	
Coach on Board?	DVD VCR CD	Date Specific?	
Additional Notes, Information or Restrictions:			
AIRCRAFT MANAGEMENT AND CONTACT PERSON			
Aircraft Management Company:			
Contact Person / Flight Coordinator:			
Address:			NOTES:
Scheduling Instructions:			
Email:		Phone:	Cell:
AIRCRAFT DONATION TYPE			
Personal Aircraft	Corporate Aircraft	Fractional Share	Jet Card/Charter Hours
INTERNAL USE ONLY			
Remarks:			
Insurance Certificate on File:		Part 135 Charter Cert on File	Aircraft Photos & Layout Received
Safety Check Completed:			
Signature:		Date:	Entered into System: