

**ORANGE COUNTY SOARING ASSOCIATION**

Date: \_\_\_\_\_ (Wed Fri Sat Sun)

Duty Officer: \_\_\_\_\_

**Aircraft:**  
 First Preflight (Name): \_\_\_\_\_

<u>Time</u>	<u>Name</u>	<u>Guest Waiver</u>	<u>Student</u>	<u>Homework</u>	<u>Instructor</u>	<u>Takeoff Time</u>	<u>Landing Time</u>	<u>Notes</u>
8 am								
9 am								
10 am								
11 am								
12 pm								
1 pm								
2 pm								
3 pm								
4 pm								
5 pm								
6 pm								

*Airworthiness Notes:*

**Aircraft:**  
 First Preflight (Name): \_\_\_\_\_

<u>Time</u>	<u>Name</u>	<u>Guest Waiver</u>	<u>Student</u>	<u>Homework</u>	<u>Instructor</u>	<u>Takeoff Time</u>	<u>Landing Time</u>	<u>Notes</u>
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*Aircraft / Airworthiness Notes:*