AIRLIFT HOPE AMERICA
POST FLIGHT REPORT FORM

Today's Date:	Flight ID Number:	
Client Name:		
Other Passengers:		
From:		
To:		
Date Notified:	Nautical Miles	
Date Flown:	Client Leg:	Total:
Total Client Hours:	Pilot Name:	
Total Flight Hours:	Copilot Name:	None

Airlift Hope America Office Follow-Up Required?

Comments:

A copy of this Post Flight Form is kept on file with Airlift Hope America to confirm the information contained therein.

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Airlift Hope America

Complete and mail this form to: Airlift Hope America
4620 Haygood Road Suite 1
Virginia Beach VA 23455

or Fax to Airlift Hope America at 757-318-9107
or email to Airlift Hope America at MJ@airlifthope.org