## EAA FLIGHT ADVISOR SESSION REPORT

For Pilot to complete			
EAA#	Chapter#	First Project	?: Yes □ No □
Last Name:	Name: First Name:		
Address:			
City	State	Zip Code	
Email Address:	Te	elephone:	
Aircraft Make (e.g. Vans):			
Aircraft Model (e.g. RV-7):			
Aircraft Registration (e.g. "N" Number):	:		
NOTE: The EAA Flight Advisor is a vo		nly and in this capacity has	no authority to approve or
The EAA Flight Advisor Program is in interested persons who have informed to render advice to such homebuilders Association or its Chapters. Neither to experience or competence with respect	d the Experimental Aircraft.  The EAA Flight Advisor is the Association nor its Cha	Association and/or its Chap not an employee nor agent opters make any representation.	ters that they are available of the Experimental Aircraft
The builder agrees that he/she has rea EAA Headquarters.	ad and understands the pre	ceding, and consents to the	distribution of this report to
Signature of Pilot:			
For Flight Advisor to Complete			
Date of Flight Advisor Session:/	/		
Name:	EAA#	Cr	napter#
Phone:			
Session Comments			