

FORM 4

Soaring Society of America, Inc.

Master Instructor Cross Country Program

**Form of Application for Consideration of Designation as
Cross-Country Coach**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Telephone: _____

SSA Membership Number: _____ Expiration Date: _____

FAA Certificate Number: _____ Private / Commercial Glider (*circle one*)

Logged Glider Hours: Total _____ Solo/PIC _____

(Please do not estimate - give accurate times.)

Solo Cross Country (flights of at least 25 n.m.) _____

SSA/FAI Badges Held: A ___ B ___ C ___ Bronze ___ Silver # _____ Gold # _____

Diamonds: Height ___ Goal ___ Distance ___

Club / Airport of Operation: _____

I have assisted in providing ground and flight instruction at the following Recognized Student Camp in accordance with the SSA *Cross-Country Coach Guideline*:

Location _____

Date _____ Organizer _____

Please supply additional documentation of your experience and skills in order to be considered for designation as a "Coach" by the SSA Chief Master Instructor.

I hereby certify that all the information contained in this form is true and correct, and I apply to be designated as an SSA Cross-Country Coach in accordance with the Master Instructor Cross-Country *Program Guide* and other applicable rules, which I agree to accept and observe.

(Signature of Applicant)

(Date)

This Form should be sent to SSA, PO Box 2100, Hobbs NM 88241-2100