SSA Award Application



Submit one form per flight and send by mail to:

SSA, PO Box 2100, Hobbs, NM, 88241

ATTN: Century Award

PILOT INFORMATION:

Pilot: [Date of Birth:	SSA Member #	
Address:	City:	State:	Zip:
Email:			
PILOT CERTICIATION: I hereby certify this jin compliance with all glider manufacturers national flight regulations respecting airspebelow.	s and national operat	ing limitations and in acco	ordance with
Century Award (Pilot age 20 or younger):	100km	200km	300km
Pilot Signature:		Date:	
FLIGHT DATA SUMMARY:			
Flight Date:	Is the aircraft a mo	otorglider? Circle one:	Yes No
Take Off Site:	City:	State:	
Time of Release (or last motorglider mean	s of propulsion use),	Local Time:	
Landing Site:	City:	State:	
Distance:			
OLC Flight Claim:			
Century awards may be claimed via an out optimization routines.	and return flight, or I	⁻ Al triangle, as determine	d by the OLC
URL:			
OBSERVER CERTIFICATION -			
Barograph and/or GPS data supports this a	• •		
Sporting Code Section 3, and have attached	d the SSA Badge & Re	cord Worksheet I comple	tea.
OBSERVER'S NAME (please print)		SSA MEMBER #:	
SIGNATURE:	E-MA	AIL:	