

**KADENA AERO CLUB
CROSS COUNTRY WEATHER BRIEF**

Base WX Fax: 634-3629, Phone: 634-3140

VFR

IFR

REQUESTED WX BRIEF _____
(LOCAL TIME) (DATE)

NAME: _____ PHONE NO. _____

FAX NO. **634-5761**

ACFT TYPE CESSNA 172 INKGTVJ 'ZN/4 N _____

ALTITUDE ENROUTE: _____

DEPARTURE AIRPORT: KADENA (RODN)

DEPARTURE TIME: _____ DATE: _____
(ZULU)

FIRST DESTINATION: _____
(Airport Name) (4 letter ID)

ARRIVAL TIME: _____ DEPARTURE TIME: _____
(ZULU) (ZULU)

SECOND DESTINATION: _____
(Airport Name) (4 letter ID)

ARRIVAL TIME: _____ DEPARTURE TIME: _____
(ZULU) (ZULU)

THIRD DESTINATION: _____
(Airport Name) (4 letter ID)

ARRIVAL TIME: _____ DEPARTURE TIME: _____
(ZULU) (ZULU)

FINAL DESTINATION: _____
(Airport Name) (4 letter ID)

ARRIVAL TIME: _____
(ZULU)