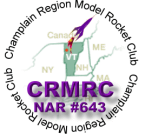
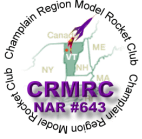


Champlain Region Model Rocket Club				Assigned Pad
Flyer's Name		Flyer's NAR#		Heads Up?
		Flyer's TRA#		First Flight?
Home Town and State		Club	Cert Level	Cert Flight?
Rocket Name		Rocket Make	Expected Altitude	
Rocket Colors		Diameter	Length	
<input type="checkbox"/> Cluster <input type="checkbox"/> Multi-Stage <input type="checkbox"/> Air Start <input type="checkbox"/> Exceeds 5000 feet				
Motors: (Number, Type, & Manufacturer of each)		Avionics:		
Recovery: <input type="checkbox"/> Parachute Size & No. _____ <input type="checkbox"/> Recover Nose Separate <input type="checkbox"/> Parachute Color(s) _____ <input type="checkbox"/> Streamer <input type="checkbox"/> Glider <input type="checkbox"/> Motor Ejection <input type="checkbox"/> Dual Deployment <input type="checkbox"/> Drogue <input type="checkbox"/> Main Chute at _____ feet				
Launcher Requirements				
LOW POWER ROD SIZE		HIGH POWER ROD SIZE		
<input type="checkbox"/> 1/8 <input type="checkbox"/> 3/16 <input type="checkbox"/> _____		<input type="checkbox"/> 1/4 <input type="checkbox"/> 3/8 <input type="checkbox"/> 1/2 <input type="checkbox"/> _____		
HIGH POWER RAIL SIZE				
<input type="checkbox"/> Standard <input type="checkbox"/> Extreme <input type="checkbox"/> Unistrut <input type="checkbox"/> Away Cell <input type="checkbox"/> _____				
RSO		LCO Post Flight Evaluation		
Weight	POUNDS OUNCES	Good Flight?		
RSO Initials		LCO Initials		
Comments		Comments		

Champlain Region Model Rocket Club				Assigned Pad
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Recovery: <input type="checkbox"/> Parachute Size & No. _____ <input type="checkbox"/> Recover Nose Separate <input type="checkbox"/> Parachute Color(s) _____ <input type="checkbox"/> Streamer <input type="checkbox"/> Glider <input type="checkbox"/> Motor Ejection <input type="checkbox"/> Dual Deployment <input type="checkbox"/> Drogue <input type="checkbox"/> Main Chute at _____ feet				
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HIGH POWER RAIL SIZE				
<input type="checkbox"/> Standard <input type="checkbox"/> Extreme <input type="checkbox"/> Unistrut <input type="checkbox"/> Away Cell <input type="checkbox"/> _____				
RSO		LCO Post Flight Evaluation		
Weight	POUNDS OUNCES	Good Flight?		
RSO Initials		LCO Initials		
Comments		Comments		