

# TRIPOLI CENTRAL CALIFORNIA FLIGHT RECORD

RSO Initials: PAD#:
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Date \_\_\_\_\_ Rod/Rail Size \_\_\_\_\_

Certification Flight? \_\_\_\_\_ Level  1  2  3 Prefect/TAP Observer: \_\_\_\_\_

Your Name/City \_\_\_\_\_ Tripoli/NAR# \_\_\_\_\_ Current Cert. Level: \_\_\_\_\_

Rocket Name: \_\_\_\_\_ Color: \_\_\_\_\_ 1st Flight of Rocket? \_\_\_\_\_

Rocket Length: \_\_\_\_\_ Diameter: \_\_\_\_\_ Liftoff Weight: \_\_\_\_\_ Lbs. \_\_\_\_\_ oz

Rocket Built From:  Kit Manufacturer: \_\_\_\_\_  Custom Modifications: \_\_\_\_\_

Motor(s): \_\_\_\_\_ Igniter Type/Ohms: \_\_\_\_\_

Recovery:  Motor Ejection  Electronics (main only)  Dual Deployment  Other: \_\_\_\_\_

Electronics: \_\_\_\_\_ Altimeter Reading \_\_\_\_\_ Ft

I certify that the assembly and installation of this motor is per the manufacturer's printed instructions and that the construction and recovery system of this rocket is per Tripoli Safety rules.

Please sign here: \_\_\_\_\_ Check here  for additional notes on reverse side

LCO Post-Flight Evaluation: <input type="checkbox"/> Good Flight <input type="checkbox"/> Motor Failure <input type="checkbox"/> In Flight Failure <input type="checkbox"/> Recovery Failure
LCO Comments _____

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