

Dragonfly Aviation, Inc.
2222 Airport Blvd., Santa Rosa, CA 95403
(707)575-8750, (800)677-9626

Pilot's Name _____

Date of Departure _____ Time of Dispatch _____

Date of Return _____ Return Time _____

Airplane Type _____ Tail Number _____

Type of Flight: Dual Solo IFR Night Other _____

Route of Flight _____

Method of Payment: Cash Check Credit Card Prepaid Account

Note: Payment must be arranged in advance for flights returning after office hours.

Airplane Rental Agreement

I acknowledge that I have read and understood the standard Dragonfly Aviation "Rental Responsibility Agreement". I agree to the requirements of that document and have provided a signed copy for file at Dragonfly Aviation. I also agree to operate Dragonfly airplanes in accordance with the Federal Aviation Regulations and the airplane manufacturer's requirements and procedures.

Pilot Signature _____

Passenger Manifest

List passenger:

1. _____
2. _____
3. _____
4. _____
5. _____