



Monthly Sport Launch Flight Card

Before each flight, fill out one card and bring it with your rocket to the RSO



Owner Name: _____ NAR #: _____

Model Name: _____ Kit Plan Original

Is this the first flight for this rocket? Yes

Motor(s): _____

Hybrid: _____

RECOVERY:

- | | | |
|------------------------------------|------------------------------------|--|
| Tumble <input type="checkbox"/> | Parachute <input type="checkbox"/> | Autorotation/Helicopter <input type="checkbox"/> |
| Aerobrake <input type="checkbox"/> | Streamer <input type="checkbox"/> | Horizontal Rotation <input type="checkbox"/> |
| Nose-Blow <input type="checkbox"/> | Glider <input type="checkbox"/> | Magnus Effect <input type="checkbox"/> |

Other: _____

Payload: _____

Comments: _____

Pad Needed:

MMX__ 1/8"__ 3/16"__ 1/4"__ 3/8"__ 1/2"__ Rail__ Other_____

Assigned Pad: _____

Returned OK (initials) _____

Certification Flight? _____

Level(Circle): 1 2 3

Safety OK: _____

Witness: _____



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