# CFTC FLY REPORT

| FLYER | | TIMER | *Blank if flying Honor System* |
|---|---|---|---|
| Name | | Name | |
| Address | | Address | |
| City, Prov. | | City, Prov. | |
| Postal Code | | Postal Code | |
| Phone # | | Phone # | |

| SYSTEM | Official ☐ Honor ☐ | SERIES | Spring ☐ Summer ☐ |
|---|---|---|---|
| FLY DATE | M D Y | FLY # | 1 2 3 4 5 6 7 8 9 10 11 12 |

| | |
|---|---|
| Cloud Cover | |
| Temp. Range | °C |
| Wind Speed | km/h |
| Humidity | % |
| Sunrise | am |
| Sunset | pm |

| |
|---|
| Release time<br>AM |
| Time of Dropping signal |
| Time Last Bird Trapped |
| Total Time Flown<br>Hrs. Min. |

| Band Number<br>Year /Club/ Band # | Sex<br>M / F / Y | Color<br>Blue, white | Time Each<br>Bird Down |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|---|---|---|
| Are bands ideentical after fly? | Y | N |
| Were birds sighted every hour? | Y | N |
| Did the kit split over hour? | Y | N |
| Any reason for disqualification? | Y | N |

If disqualified, state the reason.

**Flyer Signature** ----------

**Timer Signature**

1 ----------

2 ----------

3 ----------

**Time from --------to**

Comments.

**Date** _____

Email completed report to club Secretary at sikandar_bal@hotmail.com (416-456-6724)