

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 <input type="checkbox"/> Honor <input type="checkbox"/>	SERIES	Spring <input type="checkbox"/> Summer <input type="checkbox"/>
FLY DATE	M D Y	FLY #	1 2 3 4 5 6 7

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



<u>Release time</u>
AM
<u>Time of Dropping signal</u>
<u>Time Last Bird Trapped</u>
<u>Total Time Flown</u>
Hrs. Min.

Band Number Year /Club/ Band #	Sex M / F / Y	Color Blue, white	Time Each Bird Down

Are bands identical 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

Time from -----to

Comments.

1
2
3

Date

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