



Flight Over Halton

School Name: _____

Date		Time*	BUS 1 _____	BUS 2 _____
Rain Day		Teacher		
Cost	\$90 x _____ (# of flights) = _____ (Cheques payable to Spectrum Airways)			
Number of Passengers	BUS 1 _____	BUS 2 _____	(Only include # of passengers partaking in flights)	
Notes	<ul style="list-style-type: none"> • We have 5 planes available for use in the high school flights (3 students per plane) • Our classroom can only accommodate 30 kids at one time. For larger groups the school will shuttle the kids in two different groups, each with its own teacher to supervise. Schools can also book flights over the span of two or three days. Daily Max= 75 Students. Bus Max= 45 Students • Be sure you have booked an alternate rain day due to the possibility of weather cancellations. • The pilots are experienced commercial pilots and are employed at Spectrum Airways as Flight Instructors • All passengers are covered by Spectrum Airways' insurance policy • Please fax to 905-336-6676 a minimum of 1 week prior to flights. <p>* All flights are 30 mins in duration. Please plan for a 10 min safety briefing prior to the first flight as well as 10 mins between flights for unloading and loading passengers.</p> <p>** Please make sure your bus is on time, things will run smoother if the pilots can fly continuously without needing to shut down the planes.</p>			

Please return this field trip form by: _____ One week before flight

I understand that Spectrum Airways is a learning facility, where many students come to study for flight training. **Students of my school will remain quietly in the classroom facility provided.**

I understand that there will be a teacher/supervisor on the ground with the students at all times. If students wish to watch planes from the deck there must be an additional supervisor, otherwise all students must remain in the classroom.

I understand that many students are susceptible to motion sickness therefore I will encourage my students to **refrain from eating prior to their flight.**

In case of an emergency, the school contact information is:

Contact Name _____ Phone _____

Teacher/Supervisor Signature _____ Date _____



Flight Itinerary

* Please fill in the first AND last name of each passenger for insurance purposes. Leave the grey area for Spectrum staff

Bus Arrives _____ am	PLANE 1 A/C _____	PLANE 2 A/C _____	PLANE 3 A/C _____	PLANE 4 A/C _____	PLANE 5 A/C _____
	Pilot _____	Pilot _____	Pilot _____	Pilot _____	Pilot _____
10 min safety brief	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.

10 minutes to load and unload passengers

30 min flight	PLANE 1 A/C _____	PLANE 2 A/C _____	PLANE 3 A/C _____	PLANE 4 A/C _____	PLANE 5 A/C _____
	Pilot _____	Pilot _____	Pilot _____	Pilot _____	Pilot _____
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.

10 minutes to load and unload passengers

30 min flight	PLANE 1 A/C _____	PLANE 2 A/C _____	PLANE 3 A/C _____	PLANE 4 A/C _____	PLANE 5 A/C _____
	Pilot _____	Pilot _____	Pilot _____	Pilot _____	Pilot _____
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.

10 minutes to load and unload passengers

30 min flight	PLANE 1 A/C _____	PLANE 2 A/C _____	PLANE 3 A/C _____	PLANE 4 A/C _____	PLANE 5 A/C _____
	Pilot _____	Pilot _____	Pilot _____	Pilot _____	Pilot _____
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.

10 minutes to load and unload passengers

30 min flight	PLANE 1 A/C _____	PLANE 2 A/C _____	PLANE 3 A/C _____	PLANE 4 A/C _____	PLANE 5 A/C _____
	Pilot _____	Pilot _____	Pilot _____	Pilot _____	Pilot _____
1.	1.	1.	1.	1.	1.
2.	2.	2.	2.	2.	2.
3.	3.	3.	3.	3.	3.

For school scheduling purposes only. Please use as many boxes as required, not all boxes need to be filled
