



Pilots for Christ International-General Request Forms

Phone (616) 884-6241

EVENT CODE _____

Fax Transmittal Cover Sheet

Date: _____

Time: _____

Please deliver the following pages to:

Name: _____

Fax Number: _____

From: Pilots for Christ, International

Our Rep.: Tim Layne

890 22 Mile Rd

Sand Lake, MI 49343-9503

Fax: (616) 884-6079

Total pages including cover sheet 4

If this message is not received clearly, please inform us by phone at 616-884-6241.

Please return all completed sheets to: Fax (616) 884-6079



Pilots for Christ International-General Request Forms

Phone (616) 884-6241 Fax: (616) 884-6079

Request for PCI Air Transportation Services

Your Name: _____

Phone Number (Day): _____ (Cell) _____

Name of person traveling to see: _____ City _____

Your Address: _____ City _____ State _____ Zip _____

Their Medical Condition: _____

Your Nature of Need: _____

- (a) Funeral (b) Financially Needy [individual and family unable to provide finances for trip]
- (b) Compassion [physically unable to travel by any other means] (d) Lack of local/nearby commercial service
- (e) Urgent Travel necessary, Immediate family member surgery, hospitalization acute, not expected to survive

Travel Information:

Requested Day and/or Date of Travel: _____

Departure City: _____

Destination City: _____

Contact Name at Destination City: _____

Telephone Number of Contact at Destination City: _____

How many Passengers? (No guarantee of seat for more than 2.) _____

Will a return flight be necessary? No Yes If yes, what date? ____ / ____ / ____

Other important information:

- 1. In an effort to be good stewards of the resources God provides Pilots for Christ, and trusting Our Lord to do miracles and provide blessings beyond our abilities, the services you are requesting do not meet our organizational criteria for immediate transportation, as your request is not involving urgent travel for a patient, or terminally ill patient desiring to return home to be with loved ones. Nor have you described yourself as a pastor or missionary, working within the scope of your official duties, needing urgent travel. We cannot guarantee any amount of funding, for your request, at this time, as all money received will come from our membership free will donations. We will post your request to our membership and ask for a free will donation. If any donations are received, you will be notified of the amount and a check issued, only after you have submitted used tickets, and or travel receipts, with a copy of the payment receipt and address of the purchasing individual. If your request is by private aircraft, there is no cost to you. Commercial reimbursement up to \$500**
2. Requester please be aware that in some cases we can arrange ground transportation, please ask
3. Passengers should be aware that baggage in excess of 40 pounds per person total may not be accommodated.
4. We appreciate your understanding of our guidelines in order that we may more effectively serve those in need.
5. Please provide contact information, such as, funeral home, hospital, local police agency, other means to verify request

Location _____ Contact # _____

Agency _____ Contact# _____

Funeral Home _____ Contact# _____

This information is collected for the sole purpose of discussing details of this request, funding of this request, or providing volunteer pilot and aircraft for this request. This information is not authorized to be reproduced, copied, or transmitted to any other individual, group, business, non-profit, or agency, except with the express permission by Pilots for Christ International.



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Request for PCI Air Transportation Services

Name (please print): _____

Detailed written reason for this request: _____

If Pilots for Christ International approves your request the following guidelines are in effect:

1. Pilots for Christ International will only reimburse for purchased commercial tickets, WE DO NOT PURCHASE, a copy of the purchased ticket must be submitted for reimbursement up to \$500 Total.
2. If you receive assistance by private aircraft, and volunteer pilots, the total cost is free
3. You and up to (1) additional person must both sign an indemnity waiver release to fly onboard a private aircraft with a volunteer pilot. (Please be informed that private pilots do not require the same level of regulation and flight requirements that commercial pilots require, although they are still expected to be well trained and meet all current Federal Aviation Administration requirements for being pilot in command of an aircraft within US Airspace.)
4. Your scheduled flight can be delayed, postponed or even canceled due to weather, maintenance or other unforeseen circumstances, please develop and maintain a contingency plan.
5. We do not provide funding of any kind in cash or gift cards.

I understand the above guidelines and I request approval of my request:

Commercial Ticket Reimbursement Requesting Ground Transportation

Private Pilot and Aircraft

Name (Signature) Date:

Verification of Request: _____

(Please provide contact name/telephone # of hospital, agency or other means to verify your request, thank you)



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Pilots for Christ International Photo Release Form

_____ gives permission to Pilots for Christ International,
(Signature of Patient or Patient's Guardian)
to use any photograph(s) taken before, during, or after this mission flight for publicity purposes
associated with the promotion of Pilots for Christ via news releases and/or other printed materials
and does also relinquish any rights of ownership to said photograph(s).

Date:_____

Pilots for Christ Representative:___Timothy R. Layne_____

**Pilots for Christ International Requests a Photo be
taken of the Individual(s) traveling at the time of
the flight.**