

PALMS TO PINES 2026

HANDICAP FLIGHT DOCUMENT

**PRINT THESE PAGES AND BRING THEM WITH YOU FOR YOUR HANDICAP FLIGHT.**

To prepare both the pilot and the aircraft for the Handicap Flight, the Primary Pilot must become familiar with the Flight Record Form below and must complete the Weight and Balance Form at least 48 hours prior to the Handicap Flight.

Upon completion of the Handicap Flight, this document must be returned to [HFC@LA99S.ORG](mailto:HFC@LA99S.ORG)  
Do not arrive on impound day without having completed a Handicap Flight.

**Racers who fail to submit valid Handicap Flight documentation will be disqualified.**

**Weight and Balance form**

Racer # \_\_\_\_\_ Primary Pilot Name: \_\_\_\_\_

Airplane N.#: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

<b>Item</b>	<b>Weight</b>	<b>Arm</b>	<b>Moment</b>
Aircraft Empty Weight			
Pilot and Co-Pilot			
Passenger(s)			
Fuel (gallons)			
Baggage Area 1			
Baggage Area 2			
Baggage Area 3			
Other			
<b>Totals</b>			

CG Location \_\_\_\_\_ Within Limits?

Max Gross Weight

**AFTER COMPLETING YOUR HANDICAP FLIGHT, ENSURE THAT A COPY OF ALL COMPLETED DOCUMENTS IS EMAILED TO [HFC@LA99S.ORG](mailto:HFC@LA99S.ORG)**

<b>Handicap Flight Contents List</b>	
Nav Chart or iPad	
Aircraft Documents	
POH	
Tow Bar (equip. list)	
<b>Totals</b>	

### HANDICAP FLIGHT RECORD

VERIFY ALL MAINTENANCE IS COMPLETE AND READY TO FLY

Race Number \_\_\_\_\_ Date \_\_\_\_\_

Primary Pilot Name \_\_\_\_\_ Weight \_\_\_\_\_

Co-Pilot Name \_\_\_\_\_ Weight \_\_\_\_\_

Passenger #1 Name \_\_\_\_\_ Weight \_\_\_\_\_

Passenger #2 Name \_\_\_\_\_ Weight \_\_\_\_\_

Handicap Pilot Flight Coordinator Name \_\_\_\_\_ Weight \_\_\_\_\_

Weather

Temp/Dew point \_\_\_\_ / \_\_\_\_ Sfc Wind \_\_\_\_\_  
 Density Alt on Sfc \_\_\_\_\_ Handicap Flt. Altitude \_\_\_\_

#### **Handicap Flight Altitude:**

**The Handicap Flight must be flown at a target density altitude of 6,000 feet.**

**To determine your handicap flight altitude:**

- **Take 6,000 feet**
- **Subtract the surface density altitude**
- **Add the field elevation**

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**The resulting value is the altitude at which the Handicap Flight must be flown.**

**Setup Aircraft Checklist**

- Full fuel? \_\_\_                      A/C clean? \_\_\_                      A/C min equip? \_\_\_
- TOC – full power? \_\_\_              Prop forward? \_\_\_
- Mags Both? \_\_\_                      Mixture Lean Best PWR? \_\_\_              Carb Heat off? \_\_\_
- Pitot Heat off? \_\_\_                      Vents closed? \_\_\_
- Cowl Flaps closed? \_\_\_              Flaps up? \_\_\_                      Gear up? \_\_\_
- DG set/TC Centered? \_\_\_              Trim/feet on floor? \_\_\_

Autopilot on if applicable

Enter Handicap Pattern, note GS over 25 sec. for 5 min. in Knots

Hdg	1	2	3	4	5	6	7	8	9	10	11	12
1)												
2)												
3)												
4)												

**Comments:**

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