BRITISH GLIDING ASSOCIATION

CLAIM FORM FOR THE UK 100KM DIPLOMA PARTS 1 & 2

Please complete the form in clear block capitals using dark ink.

1. APPLICANTS PERSONAL PARTICULARS

Data protection notice

On receipt, the BGA protects the personal data supplied in this application form in accordance with its data protection policies, notices and procedures. The details, including your rights in respect of your data held by us, are at https://members.gliding.co.uk/library/data/

TitleSurname
Forenames
Date of BirthPlace of Birth
Postal Address
Post CodeEmail Address
Tel NoMobile No
BGA Club.
Date of flight
Glider typeType of launch
Badge legs being claimed
Part 1 [] 100km triangle or out and return
Part 2 [] 100km triangle or out and return ≥ 65km/hr handicapped speed
2. Launch Certificate This must be completed for all claims
I certify that the above glider launched by winch/aerotow/self launch and released at (position)
at (local time)
O.O or tug pilots name

I certify that this glider landed at (exact position)
Signature O.O No
or (if not an O.O.) Name
Address
4. Start and Finish times This must be completed for part 2 claims
The task start time as determined by the flight recorder evidence was
The task finish time as determined by the flight recorder evidence was
Official observer signature
5. Difference in Height This must be completed for all claims
If height loss between the start and finish exceeds 1000m (3280ft) the claimed distance will be reduced by 100 times the excess over 1000m. BGA may call for a calibration chart where there is any doubt regarding the difference in height.
I certify that the start altitude was (feet / metres), the finish altitude was (feet / metres) and therefore
the difference in height is less than 1000m or the distance penalty iskm
Official observer signature
6. Distance This must be completed for all claims
I certify that the official distance flown, via the pre-declared turning points, and after deducting any distance penalty was
km.
Official observer signature
7. Handicapped speed This must be completed for part 2 claims
An up to date list of glider speed indices can be found at https://members.gliding.co.uk/library/competitions/bga-competition-rules/
The elapsed time for the task was
The glider speed index, in the configuration of the flight, was
Handicapped speed = distance in km x 60 x 100 = km/hr elapsed time in minutes x glider speed index
Official observer signature
8.Flight recorder evidence This must be completed for all claims
I certify that I supervised the removal and downloading of (type)
The data is saved as file name
Official observer signatureO.O. No

3. Landing Certificate This must be completed for all claims

9.Official Observers Ce	ertificate This must be completed for all claims
Accepting the separate certificates of C	Official observers and witnesses where appropriate, I have examined all the evidence relating to this flight
and am satisfied that the flight qualifies	for the award of the UK 100km diploma part 1 [] and part 2 []
Official Observer signature	O.O. No
Official Observer surname	
10.Pilot's Claim This mus	st be completed for all claims
I certify that I carried out the flight desc	ribed above and that all the evidence is genuine. I request the BGA approve the claim.
Signature	Date
Notes	
made to ensure the pilot, glic 2. Your claim must include this files are not acceptable evide 3. Claims sent by email should	all flights. This declaration must be completed on the flight recorder before take off. Every effort should be ler, and turnpoint details are correct as errors may result in claims being rejected. form, the flight recorder IGC file, your gliding certificate and the correct fee. Paper printouts of flight recorder ence. be addressed to luke@gliding.co.uk . The pilots name should be included in the subject line.
All fees are payable in advance at https://members.gliding.co.ul	with the application. Current fees and details for paying by bank transfer can be found k/fees-and-charges/
Cheques must be payable to 'T	he British Gliding Association'
If paying by cheque or bank tra	nsfer, please enter the amount here £
If paying by credit or debit card	please complete the following:
Card Holders Name (in full)	
Amount in £ sterling	£
Card No	
Expiry Date	/ Valid From/
Card Security No.	

Address of Cardholder if different from applicant

Postcode: