THE GLIDING FEDERATION OF AUSTRALIA INC

ABN: 82 433 264 48 C4/1-13 THE GATEWAY, BROADMEADOWS, VICTORIA 3047 PHONE +61 (0) 3 9359 9865, FAX +61 (0) 3 9359 1613



NOTAM REQUEST FORM

Event Details:		
Competition or Event Name:		Organiser's Name:
Phone No:		Email:
Location:		
NOTAM Details		
1. The Date of the first day AN	D the last day of the event (i.e. the period the NOTAM is Required - dd/mm/yyyy).
Start Date:	Finish Date:	
2. The starting time AND finish	ning time of each day's even	ts (e.g. 09:00 to 21:00
Start Time:	Finish Time:	
3. The location of the event. (I	nclude the name of the aero	drome AND Latitude, Longitude coordinates).
Location:		Co-ordinates:
 Provide details of the size of boundary and scope of the after a Area of Operation: 		e event (e.g. list of aerodromes N, S, E and West defining the
5. Provide the maximum ceilin	g of the event (Specify whet	her AGL, AMSL or FL).
Ceiling of Operations:		
6. Advise approximate number	of gliders and tow planes, re	elease height, and frequencies being monitored.
7. Provide a contact name and	d mobile number for a respon	nsible person and their title. (e.g. Event Director)
Name:		Title:
On start North ar		
Contact Number:		NOTE: Save the form and then email it to

prior to the event.