Seattle TRACON SPECIAL ACTIVITIES Coordination Form



* * * GENERAL INFORMATION * * *

Type of Event		LOCATION [City / Landmark]		
If Other:	Event Name / Reason			
FIX Bearing & Distance [NM] to Site	Radius	of Site	DATE(s) of Event	
START TIME of Event [specify if UTC or L	.ocal]	END TIME of E	Event [specify if UTC or Local]	
POC Name	POC Pho	ne #	POC Alternate Ph #	
POC E-mail		ALTITUDE(s) [Indicate MSL and/or AGL]	
CALL SIGN(s)	A	AIRCRAFT TYP	E(s)	

*** EVENT SPECIFIC INFORMATION * * *

Determined by TYPE of Event

POC must contact Seattle TRACON not less than five (5) working days prior to event to coordinate flight

details. **P** - # of aircraft, # of passes, # of jumpers per pass

A - List practice days, Airboss Info, Twr

Freq

M - M-TAC/station SKE route request

C - Component / Equipment to be Flight Checked

L - Type & Altitude

ADDITIONAL INFORMATION