



Pilots for Christ International-Wyoming Chapter

PO Box 94 Gillette, WY 82717

• Phone #: (307)622-7249 • Fax #: (888) 743-6504 • Email: pci_wy@vcn.com

Request for PCI Transportation Services

Patient/Recipient Name: _____ Age (if minor): _____

Patient's Phone Number (Day): _____ (Cell): _____

Address: _____

City: _____ State: _____ Zip: _____

If requester is a minor, enter name of the parent or guardian: _____

Parent/Guardian address if different from minor's: _____

Other Passenger(s) Names: _____

Detailed written reason for this request: _____

Nature of Need:

- ☐ Time-Critical
- ☐ Financially Needy (individual and family unable to provide finances for trip)
- ☐ Compassion (physically unable to travel by any other means)
- ☐ Departure/Destination City's lack of commercial service (This will help determine the cost effectiveness of this trip)
- ☐ Low Immunity System
- ☐ Other _____

Travel Information:

Requested Day and/or Date of Travel: _____

Departure City/State: _____

Destination City: _____ Contact: _____ Phone #: _____

Is this person able to get in and out of the aircraft without help, or minimal help? ☐ No ☐ Yes

How many Passengers? (No guarantee of seat for more than two people) _____

Patient/Recipient's Weight: _____ Passenger #2 Weight: _____

Other Passenger Weight: _____

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 that God provides Pilots for Christ members, we ask that we primarily assist individuals and families in critical times of need. Such as urgent medical travel, medical procedures/treatments are being administered, or a loved one's end of life is near. Needs outside of listed issues above are dependent on generous donations by God's People, these requests will be posted online and depend on voluntary donations by private individuals.**
2. Patient/Recipient must understand that while they may carry their own oxygen in an FAA-approved container, PCI volunteers are not able to provide any medical service before, during, or after the flight.
3. Patient/Recipient must be aware that we do not arrange ground transportation,
4. Passengers should be aware that baggage in excess of 40 pounds per person total may not be accommodated.
5. Patient/Recipient should have back-up transportation in the event of a last minute cancellation of our flight, such as inclement weather.
6. A Physician's Evaluation of Eligibility form from a doctor, and any special equipment that may be needed. (We will not accept flight if the person requires any special equipment. Example: Life Support equipment, incubator, etc. Wheel chairs are an exception.)
7. The person must require no en-route medical care or assistance.

Signature (Patient/Recipient)

Date

Signature (Parent/Guardian)

Date