

**REQUIRED FORM...**

After completing the form, please save as a PDF and email completed form to [charters@craa.com](mailto:charters@craa.com) or [communications@craa.com](mailto:communications@craa.com).



**CAPITAL REGION  
INTERNATIONAL AIRPORT**

**Charter Worksheet**

Charter Date

Type of Charter:  Public  Private

Customer   
Air Carrier   
A/C Type   
Parking Location / Gate   
Ground Handler

If passengers will need screening, who will provide this function? Screening Location?

Screening function provided by   
Screening Location

Will the 10 percent rule be utilized?  Yes  No

Will outside catering be provided for this charter?  Yes  No

If yes, name of caterer

Scheduled arrival time

Ground Transportation:  Private Vehicle  Bus # of Buses   
# of Equip Trucks

Arrival Flight#	<input type="text"/>	Departure Flight #	<input type="text"/>
Arrival Date/Time	<input type="text"/>	Departure Date/Time	<input type="text"/>
Arrival From	<input type="text"/>	Departure To	<input type="text"/>
# of Passengers	<input type="text"/>	# of Passengers	<input type="text"/>
ARFF Index	<input type="text"/>	ARFF Index	<input type="text"/>

Additional Information

Questions about this charter, contact:

Telephone  Email

**For Airport Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Flight scheduled/entered on "Boarding Gate" calendar:  Confirmation email sent:

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