

ACTIVITY: Wheel and Wings parking detail

DATE: June 27, 2010

TIME: TBD

LOCATION: Candlelight Farms Airport

NAME:

_____ RANK: _____ CAPID: _____

PHONE W/AREA CODE: _____

ADDRESS: _____

SQUADRON NAME: 399th DANBURY COMPOSITE SQUADRON, NER-CT-042

I am applying for the above listed activity. I am a member in good standing of Civil Air Patrol. I will abide by all CAP rules and regulations and obey the officers in charge of this activity.

SIGNATURE: _____ DATE: _____

My son/daughter _____ **WILL** **WILL NOT**
Attend the above listed activity. He/she has my permission to participate in all facets of the activity including flying if scheduled. I state that this cadet is in good physical health. Any special medical information is listed below. In an emergency, I give permission for him/her to be treated at any local hospital. I will be informed of any such treatment as soon as possible.

My medical insurance carrier and number are: _____

Any pertinent medical information including allergies: _____

Signature of Parent or Guardian: _____

Date: _____