

Canoe/Abseil/Rock Climbing Training Request

Number & Name of Corps/Squadron:			
Dates of Training:		Location:	
Current Qualified Instructor(s):			
Other Supervisor(s):			
(May include instructors who are not current, participating as a requirement for re-instatement)			
Type of training to be conducted:			
<input type="checkbox"/> Canoe <input type="checkbox"/> Canoe Trip <input type="checkbox"/> Abseiling <input type="checkbox"/> Rock Climbing			
Description:			
Is expedition equipment required (ie. canoes, abseil equipment, etc)?			
<input type="checkbox"/> Yes – all requested equipment is to be detailed on a Cdt #120 <input type="checkbox"/> No			
Number of Cadets Participating:			
		Male	Female
			Total
Officers/CIs Attending:			
		Male	Female
			Total
Evacuation Plan/Safety Precautions:			
Type of Safety Vehicle:		Safety Vehicle Driver (must have First Aid Qualification):	
Contact Number (Cell/Radio Telephone):		Emergency Response Number (i.e. 911 etc.):	
Corps Commanding Officer's Comments:			
Fax Number:		Date:	Signature:
Staff Officer Adventure (Land):			
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Date:	Signature: