

**Pacific Region Cadets
Annual Ceremonial Review Information Sheet**

CORPS/SQUADRON INFORMATION		
Number & Name:	Location:	Quota:
Commanding Officer:		Phone:
ANNUAL CEREMONIAL REVIEW DETAILS		
Date of ACR:	Times of ACR:	Rank & Name of Cadet Parade Commander:
Location of ACR:		Is this a multi-unit parade? <input type="checkbox"/> YES <input type="checkbox"/> NO
Inclement Weather Location:		Is support being requested? <input type="checkbox"/> YES <input type="checkbox"/> NO
REVIEWING PARTY		
Name of Reviewing Officer:		Title/Position of Reviewing Officer:
Name of Local Sponsor Representative:		Name of Provincial League Representative:
Name of Affiliated Unit Representative:		Other Dignitaries:
DEMONSTRATIONS/DISPLAYS		
PRESENTATIONS		
Type:		Presented by:
GENERAL		
Reviewing Officer will be met at (location/time):		Resume of Reviewing Officer required? <input type="checkbox"/> YES <input type="checkbox"/> NO
Social Function – Type:	Location:	Date/Time:

Note: Additional details to be attached in writing. If support is requested, a Cdt #120 must be submitted.