Master For Multi-Unit Exercise? ☐ Yes☐ No		Detailed Training Support ar	Detailed Training Support and Forecast			
Corps/Squadron	_Street Address_	-		_ Postal Code	HQ Serial #	
BLOCK A - NATURE OF REQUEST 1. Name of Exercise 2. Aim of Activity 3. POs to be taught 4. Location 5. Date: ETD LHQ Date: ETA HQ 6 One way distance from LHQ 7. Cadets (M) (F) Instr (M) (F)		BLOCK D - DND ACCOMMODATION 15. Accommodation required Yes No 16. Number of nights BLOCK E- RATIONS REQUIRED YES NO (if yes complete C BLOCK F DND SUPPLIES/EQUIPMENT		c. \square DND - app	al required approval granted by owner/authorities	
8. OPI Rank Name 9 OPI Tel (Home) () - Work () -		18. List all Items Required	_	Date BLOCK K REC	Commanding Officer QUESTS (HQ ONLY)	
BLOCK B TRANSPORT REQUIRED TYES 10. Type (Specify bus, panel, truck, capacity tonnage)	s □ no	BLOCK G STORES DELIVERY ADDRE		b. Transport c. Area d. Equipment		
a. Pick-up point T b. Destinations c. Return date Time d. Required during exercise Yes No c. Corps/Squadron bus license number f. PMC License number	ime	City Province 20. Delivery date Time 2 1. Pick up date Time BLOCK H MISCELLANEOUS		a. Rations b. Transport c. Rentals d. Misc	ANCIAL (HO ONLY) al Cost	
12. Equipment 13. MSE (PRCI 303 refers) 14. Facilities Estimated total costs		22 Estimated Cost			THORIZATION (HQ ONLY) ed □ Not Approved Area Cadet Officer	