Canoe/Abseil/Rock Climbing Training Report

Number & Name of Corps/Squadron:				
Dates of Training:	Lo	ocation:		
Current Qualified Instructor(s):				
(Instructors must submit their name on form Cdt #156 within 365 days of last supervised activity to remain current) Assistant Instructor(s):				
(Instructors may be reinstated by participating in an a Number of Cadets Participating:	Male	pervised by a current of		Total
Officers/CIs Attending:				
7	Male	G Report	nale	Total
Training Report Type of training conducted (Circle):				
Canoe Canoe Trip Abseiling Rock Climbing Description:				
Weather:	Equipment Used (Type and Source):			
Condition of Equipment (Repairs, NS, etc)	cation (Condition, Terrain, Viability):			
Significant Incidents/Accidents:				
(Form DND 2299 (cadets/CIs) or CF 98 (CF members) must be completed for ANY physical injury regardless of severity)				
Instructor Comments:				
(Use back if necessary)		Date:	Signature	:
Staff Officer Adventure (Land): Action Required:				
Qualifications Updated:		Date:	Signature	: