

## BAND INSTRUMENT LOAN REQUEST

CORPS/SQUADRON INFORMATION			
Unit Number & Name	<input type="checkbox"/> Sea Cadet Corps <input type="checkbox"/> Army Cadet Corps <input type="checkbox"/> Air Cadet Squadron	Date	
BAND OFFICER/CONTACT PERSON INFORMATION			
Rank/Name	Telephone ( ) -	Email	
INSTRUMENTS REQUESTED		CSTC LOANS ADMIN USE ONLY	
1.		Date Received	
2.		Date Actioned	
3.		Remarks	
4.			
5.			
6.			
7.			
8.			
9.			
10.			
SHIPPING INFORMATION			
Shipping Method:	<input type="checkbox"/> Greyhound COD <input type="checkbox"/> Alternate Shipper: _____		Account # _____
Shipping Address		Name of Contact	
City/Town	Province	Postal Code	Telephone ( ) -
CADET CORPS/SQUADRON COMMANDING OFFICER			
CO's Rank/Name	Telephone ( ) -	Email	
Signature		Date	
Send request to: <b>RCAC Band Equipment Loans Officer</b> <b>LSU Vernon</b> <b>PO Box 907</b> <span style="float: right;"><b>Fax: (250) 549-5815 or (250) 549-5804</b></span> <b>Vernon, BC V1T 6M8</b>			
APPROVAL			
RCAC Band Equipment Loans Officer Recommendation/Comments:			
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Elemental SO2 Signature	Date