



Inter-provincial Cadet Exchange (ICE)

Application for Participation



Corps/Squadron Number & Name: _____
Location: _____ Strength: _____
Do you have French-speaking Cadets? _____ Officers? _____
Contact Name: _____ Phone: _____
1. Does your Corps/Squadron wish to be considered as a host for the ICE program? YES or NO a. Number of Cadets you can host? _____ b. When are you available to host? <input type="checkbox"/> Anytime <input type="checkbox"/> Dates available: _____ _____ _____ _____
2. Does your Corps/Squadron wish to be considered to visit as part of the ICE program? YES or NO a. Number of Cadets you can send? _____ b. When are you available to travel? <input type="checkbox"/> Anytime <input type="checkbox"/> Dates available: _____ _____ _____ _____ c. Is there a preferred destination? _____