



Cadets Caring For Canada

Project Plan Form

Corps/Squadron Number/Name: _____

Corps/Squadron Location: _____

Projected Number of Participants:

Cadets _____ Officers/CIs _____ Volunteers _____ Other _____

Project to be completed (please give details): _____

Project arranged with/for (list organization if applicable): _____

Date of Project: _____ Times: _____

Location of Project: _____

Rations required: Yes No

(If yes, include all information on Cdt 120 and Cdt 120 A/B/C)

Transport required: Yes No

(If yes, include all information on Cdt 120)

