



Cadets Caring For Canada

Attendance Register

1. One individual per form.
2. Two days of pay are authorized for Officers and paid CIs, one day planning and one day participation, IAW CATO 11-09 Annex I.
3. To be filled out after completing the Cadets Caring for Canada activity and submitted to Pacific Region Cadet office NLT 30 June.

SN or SIN	Rank	Last Name	Initials	Unit

Date	Description	# of Days	Signature
	Cadets Caring for Canada Planning Day	1	
	Cadets Caring for Canada Participation Day	1	

MEMBER'S DECLARATION

I declare that I have participated in the Cadets Caring for Canada activity IAW CATO 11-09 Annex I.

Date	Location	Signature (Member)

COMMANDING OFFICER'S CERTIFICATION

I certify that the individual mentioned above has participated in the stated activities IAW CATO 11-09 Annex I.

Date	Location	Signature (Commanding Officer)

To be reproduced locally.

Cdt #178 (9-99)

