

Sail Training Report – Pre Exercise

Corps/Squadron:	Corps/Sqn Location:	Dates of Training:	
CO Signature:			
Location of Training:	Type of Training Conducted: Certified Or Uncertified	Head Sailing Instructor:	
Number of Cadets to be Trained (Attach Nominal Role) Pre. W/S: M: _____ F: _____ W/S I: M: _____ F: _____ W/S II: M: _____ F: _____ W/S III: M: _____ F: _____ Advanced: M: _____ F: _____ Total : Male: ____ Female: ____	Predicted Area Weather and Water Conditions: Average Wind Speed: Water Temperature: General Climate:	Assistant Sailing Instructors:	
			Must use CYA Tests and Report Cards during the certified training exercise.
Sailing Equipment At Corps: Any items you are requesting from HQ must be specified. Sailing Dinghies (Type & #): _____ _____ _____ _____	Emergency Plan: _____ _____ _____ _____ _____ _____	Safety / First Aid Equipment Available: _____ _____ _____ _____ _____ _____	
Safety Boat (Type & HP): _____ _____			
Helmets (#): _____ _____			
PFD's (#): _____ _____			
Other: _____ _____ _____			
Note: Please provide a general description of the training plan, comments & diagrams on the reverse			