



758 "ARGUS" SQUADRON

Royal Canadian Air Cadets

P.O. Box 339
Brampton, Ontario L6V 2L3
(905) 793-7992

Dear Cadet(s) and Parent(s)/Guardian(s):

This letter is to inform you of a Field Training Exercise being held on the 21st, 22nd, and 23rd of May, 2010 at Albion Hills Conservation Area in Bolton, Ontario under the direct supervision of the squadron staff.

Cadets are to arrive at the Squadron Headquarters (55 Avondale Boulevard) no later than 1830hrs (6:30pm) on the 21st of May, 2010 to meet the buses. Cadets must have their health card in order to board the bus. If a health card is not presented, the cadet will not attend. Please do not leave your cadet until he/she has safely boarded the bus and we ask that you arrive in a timely manner as the bus will not wait.

Please follow the attached kit list to ensure you have packed everything necessary as the cadet may not be able to participate in certain activities if they do not have appropriate gear.

Please arrange to pick your cadet up at the Squadron Headquarters on the 23rd of May, 2010 at 1600hrs (4:00pm). If we are arriving any earlier or later, we will have the cadets call home from a squadron phone to advise. **Please note that no personal cell phones, mp3 players, or electronic devices are permitted** as the squadron will not be responsible for any lost, damaged or stolen articles. A phone will be made available to the cadet should they require to call home due to illness, etc. Should you need to contact your cadet in case of emergency, please contact the park at 905-880-4855 and they can contact us at Pleasantview Group Site.

Yours truly,

Captain C. Clark
Squadron Training/Operations Officer
758 "Argus" Squadron

KIT LIST FOR OPERATION "SALISBURY STEAK XI"
May 21st, 22nd and 23rd, 2010

Please pack according to the kit list and clearly label your luggage.

All Prescription medication must be in its original container and clearly labeled.

DO NOT BRING ANY OF THE FOLLOWING or it will be confiscated for the duration of the exercise:

Any form of Electronic Devices (including cell phones), Knives, Pyrotechnics, Food/Drink (food will be confiscated as it attracts animals into the camp site), etc.

PARENTS: Please ensure that this kit list is followed. If your Cadet does not come properly dressed or prepared for the exercise, you will be notified to make arrangements for immediate pick up of the Cadet for return home. This will be strictly enforced for the safety of the Cadet.

HEALTH CARD – You will not be allowed to board the bus without it!

MANDATORY KIT LIST:

Warm Sleeping Bag
Warm Pants / Sweat Pants x 3
Warm Socks x 4
Baseball Cap or Summer Hat
Underwear x 3
Warm Jacket (it gets very cold at night)
Hiking Boots
Lip Balm with SPF
Soap
Toothbrush / toothpaste
Shaving Kit for males
Writing material (small notebook and pen)
Bathing suit (one piece for females with shorts or lightweight clothes that can get wet)

Sunblock!!
Warm Sweaters / Sweat Tops x 3
Warm Hat or Toque
T-Shirts x 3
Gloves or Mitts
Running Shoes (they will get dirty)
Rain Gear (Rain Poncho or Jacket)
Towel and face cloth
Deodorant
Brush or comb
Hair elastics for females (hair must be up at all times)
Water shoes (old running shoes or sandals with a closed back – no flip flops)
Insect Repellent

OPTIONAL KIT LIST:

Combats (no CadPat for cadets is allowed, but you may wear the Olive Green style)
Small pillow
Small flashlight and extra batteries

Combat Boots
Camouflage face paint
Sunglasses



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PLEASE RETURN THIS WHOLE PAGE NO LATER THAN MAY 10TH, 2010

I, _____ will be attending the Field Training
(Name of cadet – print neatly)

Exercise from the 21st to the 23rd of May, 2010 at Albion Hills Conservation Area.

Emergency Contact Information:

Name of Emergency Contact: _____

Relationship of Emergency Contact to Cadet (parent, neighbour, etc.): _____

Phone Number of Emergency Contact: _____

Please indicate if your cadet has any of the following:

Allergies? (Please indicate if your cadet carries an Epi-Pen)

Medications? (All prescription medication must be in its original container and clearly labeled)

Food Restrictions (vegetarian, vegan, etc.)?

Name of Parent/Guardian: _____

Signature of Parent / Guardian: _____