



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 7, 8 and 9 of October, 2011 at Everton Scout Camp in Rockwood, Ontario under the direct supervision of the squadron staff. This exercise is open to cadets in Levels 1, 2 and 3 and is on a first-come, first-served basis.

Cadets are to arrive at the Squadron Headquarters (55 Avondale Boulevard) no later than 1830hrs (6:30pm) on 7 Oct 11 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. Please arrive in a timely manner as the bus will not wait.

Please follow the attached kit list to ensure you have packed everything necessary. There will be minimal support from the base so please pay special attention to the kit list.

Please arrange to pick your cadet up at the Squadron Headquarters on 9 Oct 11 at 1500hrs (3:00pm). 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 or stolen articles. A phone will be made available to the cadet should they require to call home due to illness, etc.

The emergency contact number for the camp is (519) 856-0651. This phone number is reserved for emergencies only as it goes directly to camp staff and not squadron staff.

Yours truly,

//Signed by//

Captain C. Clark
Deputy Commanding Officer / Squadron Training Officer
758 "Argus" Squadron

KIT LIST – 7, 8 and 9 October 2011

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 and cameras), Knives (staff cadets excluded), 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
Bed roll (single air mattress or pad)
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)

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)
Insect Repellent
REUSABLE WATER BOTTLE!!

OPTIONAL KIT LIST:

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

*Combat Boots
*Camouflage face paint
Sunglasses

*If you wish to purchase combat clothing and don't know where, please ask your flight commander.



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PLEASE RETURN THIS ENTIRE PAGE NO LATER THAN 3 OCT 11!

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

Exercise from the 7th to the 9th of October, 2011 at Everton Scout Camp.

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 (food, seasonal, etc.)?

Medications (includes puffers, epi-pens, seasonal allergy meds that they will have with them)?

Food Restrictions (vegetarian, vegan, no pork, no beef, etc.)?

Name of Parent/Guardian: _____

Signature of Parent / Guardian: _____