GROUP 3 WINTER CAMPOUT

DECEMBER 6-8

NAME_____

RANK_____

SQUADRON_____

EMAIL_____

MAILING ADDRESS_____

PHONE_____

GENERAL ES TEST *Requirement*_____
*****Please indicate Some or All*****
GTM PREPARATORY_____
GTM ADVANCED_____

BLOOD BORNE PATHOGEN_____

FIRST AID_____

(Must be American Red Cross or American Heart Society)

Civil Air Patrol Basic Communications B-Cut_____

WE WILL NEED FLIGHT COMMANDERS AND FLIGHT SGT'S. THE NUMBER WILL BE DETERMINED AT A LATER POINT.

PLEASE INDICATE IF YOU WOULD LIKE ONE OF THESE POSITIONS.

SQUADRON COMMANDER_____*C/Capt or higher ONLY*
FLIGHT COMMANDER_____
FLIGHT SGT._____

IF YOU HAVE ANY QUESTIONS PLEASE SEND YOUR EMAILS TO.

C/LTCOL JOEY SURLES-GROUP 3 CADET COMANDER- capflyman@aol.com

C/MAJ JOSH BORDERS-GROUP 3 DEPUTY CADET COMMANDER- cap_borders@hotmail.com

PLEASE SEND ALL APPLICATIONS TO C/LTCOL SURLES VIA EMAIL OR IF UNAVALIABLE CALL 336-260-1630 AND C/LTCOL SURLES WILL GIVE YOU FURTHER DIRECTIONS