



To: Cadets, Parents / Guardians
Re: 872 Complementary Night Activity

872 Kiwanis Squadron will visit the Canadian Aviation and Space museum (*at no cost to the cadet*) on **March 28-29, 2020** as part of the requirements of the Air Cadet training program. This will be a sleepover and cadets are to bring the items listed in the kit list.

A signed permission form is required by **March 4, 2020**, to participate. The activity is open to all cadets, but priority will be given to those who have never attended this event. Numbers will have to be limited to conform to Museum maximum group sizes. Participation is first come, first served for permission forms.

Drop off Time	Saturday, March 28, 2020 – 1615 hrs at AY Jackson High School <i>(Bus will depart at 1630 - if you miss the bus, parents/guardians will have to drive their cadet(s) to the museum)</i> <ol style="list-style-type: none">1. Dinner will be served upon arrival at the Museum.2. Snack will also be provided3. Absolutely no food can be brought into the museum.
Pick up Time	Sunday, March 29, 2020 - 0830 hrs at AY Jackson High School
Kit list	<ul style="list-style-type: none">● sleeping gear (camping mattress, pillow & sleeping bag)● Squadron T-Shirt (wear to AY on Saturday)● Slippers or sneakers – MANDATORY● Toiletries● Flashlight● Change of clothes● ***shower facilities are not available***

Emergency phone number for the Museum Sleep Over:
613-993-2010 (Museum) or 343-996-6767 (Squadron phone)

Parents requiring additional details may speak with squadron staff or myself on Wednesday evenings. Any additional information will be posted on the website as it is received.

Regards,

Major A. Boudreau CD Commanding Officer

872 Museum Sleepover Permission Form

Saturday March 28, 2020 – Sunday March 29, 2020

*Return this page to the Sponsoring Committee table on or before
March 4, 2020*

Please confirm your son/daughter's attendance by completing the form below.

Rank, last and first name	Gender (M/F)	Special Medications / meal requirements (allergies and restrictions – not preferences)	Have you previously attended this event? (please circle)
Cadet 1			Yes or No
Cadet 2			Yes or No
Cadet 3			Yes or No

Over-the-counter medication: I authorize the administration of the over-the-counter medication (Tylenol, Ibuprofen, Benadryl, Gravel) by the Squadron Commanding Officer or delegate if deemed necessary and appropriate.

PLEASE INITIAL AS APPROPRIATE: YES _____ NO _____

To be completed by the **parent/guardian:**

I, (print) _____ give permission for the above cadet(s) to attend the Museum Sleep Over from March 28, 2020 to March 29, 2020. I have confirmed that the above information is correct.

Parent/Guardian signature: _____

It is required that we be able to contact a parent/legal guardian in the event of an emergency

Emergency contact name(s) during the activity	Phone number