



## 2004 Ohio Wing Cadet Conference Application



1. The Ohio Wing Cadet Conference will be held 27-28 March 2004 at the Hudson Holiday Inn , 240 Hines Hill Rd., Hudson, OH 44236 – 330-653-9191. The cost of the conference will be \$70.00 per cadet, which includes rooming for 1 night (Saturday - based on 4 Cadets per room), Saturday's lunch, banquet and dance, Sunday breakfast, plus your Conference materials .
2. To apply, Cadets must complete the Cadet Application for Ohio Wing Cadet Conference attached below. All applications must be signed by the unit commander AND by parents/guardians. **Applications should be sent to: Ohio Wing Cadet Conference, 437 S. Meridian St., Ravenna, OH 44266.** Applications must be received by 15 MAR 2004. A hard copy must be mailed with your payment. Refund requests must be in writing and Ohio Wing reserves the right to determine the validity of the emergency. Requests need to be sent to the Conference address and received no later than 22 MAR 2004. **NO AT THE DOOR REGISTRATION!**
3. This application/fee process applies to Cadet participants only. Senior members are encouraged to attend the Ohio Wing Awards Banquet Saturday evening (see Banquet Registration). Senior members wish to volunteer for the Conference should contact Lt Col Tom Snell, (440) 259-3501, [trs252@adelphia.net](mailto:trs252@adelphia.net) .
4. The uniform for the conference will be Service Dress. Female cadets should wear slacks rather than the skirt if possible. **CADETS MUST MEET PROPER GROOMING STANDARDS BEFORE THEY WILL BE ALLOWED TO SIGN IN.** Cadets with haircuts out of regulation will be required to obtain a haircut at their own expense. We will be in the public eye for the entire weekend so it is imperative that Civil Air Patrol presents a good impression. Cadets who do not have a complete Service Dress uniform may wear the blue shirt with ribbons and tie.
5. Attire for the banquet and dance Saturday evening will be as follows:
  - a. Females: Conservative formal or semi-formal evening gown, or Service Dress with white shirt and choice of slacks or skirt.
  - b. Males: Service dress with a white shirt and bow tie (please bring your own bow tie). Those cadets wearing the new AF dress uniform, you are to wear the standard tie with a white shirt, or, Dark suit, white shirt, and plain dark tie (for those without a service dress uniform)
6. **REGISTRATION WILL OPEN AT 0700 HOURS SATURDAY, 27 MAR. CADETS MUST REPORT TO THE CONFERENCE BY 0900 HOURS SATURDAY MORNING.** Opening formation for the general Conference will be 0830, Cadet activities do not start till 0900 hrs. Cadets **must** be in the proper uniform and meet grooming standards to register. Cadets must have a CURRENT membership card and a CAPF 60 (Emergency Medical Data) on their person when registering. Upon arrival, cadets should report directly to the CAP registration tables to receive their Conference materials, room assignment, and room key. Do not go to the hotel front desk to check in. Once registered, Cadets may **not** leave the hotel or enter off-limits areas without the expressed permission of the Conference Director. Cadet driving themselves to the Conference will turn in their keys until the end of the event.
7. This year's conference will be a memorable event for all cadets who attend. Don't let your cadets miss out! Encourage them to attend as we are hoping to increase our turnout even more than last year. If you have any questions, please visit the web site for staff contact information.

# CADET APPLICATION FOR OHIO WING CADET CONFERENCE

Name \_\_\_\_\_ CAP Grade \_\_\_\_\_ CAP ID # \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip include area code

Wing \_\_\_\_\_ Unit Name \_\_\_\_\_ Unit Charter \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date Joined CAP \_\_\_\_\_ Religious Preference \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Address \_\_\_\_\_

Blood Type (if known) \_\_\_\_\_ Pertinent Medical Data (allergies, diseases, chronic illnesses, medications etc.) you are currently taking:

\_\_\_\_\_  
\_\_\_\_\_

## Squadron Approval

Print Commander's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Meal Choice: STUFFED CHICKEN BREAST CARVER \_\_\_ TUSCON SIRLOIN STEAK \_\_\_

SPECIAL DIETARY NEEDS \_\_\_\_\_

## For Official Use Only

Date App Received \_\_\_\_\_ Amount Received \_\_\_\_\_

Check # \_\_\_\_\_ Issue \_\_\_\_\_

## Emergency Information

**Parent, Guardian or closest relative to be notified in case of an emergency:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone # (home)** \_\_\_\_\_

(work) \_\_\_\_\_

*I certify the above information is correct to the best of my knowledge, information and belief. I hereby submit this application to attend the Ohio Wing Conference on 27-28 March 2004, and agree to conduct myself in an appropriate manner at all times, and follow all security procedures, directives and protocols established for said Conference.*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

### Release by Parents or Guardian

*I hereby certify that \_\_\_\_\_ is my minor child/ward, born on \_\_\_\_\_, and do hereby give my permission for him/her to attend the Ohio Wing Conference on 27-28 March 2004. My child/ward has no history of illness or injury which may affect this activity except as follows: (please write "none" if none) \_\_\_\_\_. In the event of any medical emergency, I hereby give my permission for my child/ward to receive emergency medical treatment.*

My child or ward is authorized by me to arrive and depart the activity as follows (select one):

He or she will be driving himself or herself to and from the activity

He or she will be transported by the following parent (name)

\_\_\_\_\_  
 He or she will be transported by someone other than a parent (name)

\_\_\_\_\_

*I understand that cadets driving to or from the activity will be required to turn in their vehicle keys during the duration of the activity.*

IN TESTIMONY WHEREOF the undersigned has (have) set his/her (their) hand to the forgoing this \_\_\_\_ day of \_\_\_\_\_2004.

\_\_\_\_\_  
Signature of Father or Legal Guardian

\_\_\_\_\_  
Witness for Father's Signature

Father's Address:      Street      City      State      Zip

\_\_\_\_\_  
Signature of Mother or Legal Guardian  
Signature

\_\_\_\_\_  
Witness for Mother's

Mother's Address:      Street      City      State