



AIR CADET LEAGUE OF CANADA (MANITOBA) LTD.

76th ANNUAL GENERAL MEETING

October 14 & 15, 2017

Victoria Inn, 1808 Wellington Avenue, Winnipeg

REGISTRATION FORM (SUBMIT ONE REGISTRATION FORM PER PERSON)

Completed Registration Form and payment must be sent to: The Air Cadet League of Canada (Manitoba) Inc., Suite 153, P.O. Box 17000 STN FORCES, Winnipeg, MB R3J 3Y5 postmarked no later than September 30, 2017. An email indicating attendance is also acceptable, followed by this form and payment to be made at the meeting send an email to: Secretary@aclmb.com

SQN NO. _____ NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

TELEPHONE _____ EMAIL _____

1. STATUS WITH THE AIR CADET LEAGUE OF CANADA (MANITOBA) INC. (CHECK ONE ONLY)

Provincial Committee: Board Member _____ Member-at-Large _____ Advisory Committee _____

Squadron Sponsoring Committee: Chair _____ Treasurer _____ Other _____

Squadron Officer: Commanding Officer _____ Training Officer _____ Other _____

RCSU or Other DND Staff: _____

Senior Cadet: _____ **Spouse:** _____ **Guest:** _____

2. REGISTRATION (CHECK AS NECESSARY)

_____ **\$20.00 Provincial Committee:** Includes Saturday Daytime Sessions, Lunch, Awards Dinner Sunday Breakfast and Annual General Meeting

_____ **\$20.00 Squadron Sponsoring Committee:** Includes Saturday Daytime Sessions, Lunch, Awards Dinner Sunday Breakfast and Annual General Meeting

_____ **\$20.00 Squadron Officer:** Includes Saturday Daytime Sessions, Lunch, Awards Dinner Sunday Breakfast and Annual General Meeting

_____ **\$20.00 RCSU or Other DND Staff:** Includes Saturday Daytime Sessions, Lunch, Awards Dinner Sunday Breakfast and Annual General Meeting

_____ **\$00.00 Senior Cadet for Leadership Symposium:** Includes Saturday Cadet Symposium, Lunch (may purchase tickets to Saturday Awards Dinner for \$20.)

_____ **\$20.00 Saturday Lunch**

_____ **\$50.00 Saturday Awards Dinner**

_____ **\$20.00 Sunday Breakfast**

3. PAYMENT

Amount of cheque or money order made payable to:

"THE AIR CADET LEAGUE OF CANADA (MANITOBA) INC" _____ or amount to be paid at meeting _____.

4. DIETARY REQUIREMENTS (*vegetarian, etc*)
