

# Authorization Form For a Cadet Weekend Activity

## 354 RCSCC INVINCIBLE

Exercise: Operation Island Hopper

Place: HMC Dockyard (Victoria)

From: (Time) 0845 (8:45 AM) on Thursday the 27<sup>th</sup> Day of March

To: (Time) 1600 (4:00 PM) on Sunday the 30<sup>th</sup> Day of March

I, the undersigned parent/guardian of:

**Rank:** \_\_\_\_\_ **Name:** \_\_\_\_\_

I Hereby grant permission for my son/daughter/ward to attend the exercise as noted above.

The departure time is stated above and the cadet will not be permitted to leave prior to that time unless prior approval is given.

I further grant permission for any emergency medical or dental treatment deemed necessary by the conducting officer(s).

Telephone number(s) where I may be contacted in case of an emergency during this exercise:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Amount Of Donation**

\$ \_\_\_\_\_  
Cheque / Cash

Please make cheques payable to Navy League of Canada MR Branch

Parent  
Or  
Guardian

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name - Please Print)

Turn This Portion in

Keep This Portion to confirm Drop off & Pick up times & Locations

**NOTE:** **E-Mail Confirmation is accepted, as long as hard copy is on hand prior to boarding the Bus.**  
Must be confirmed No Later Than March 19<sup>th</sup>

Drop Off Time 0830 Safeway Parking lot 203 Pick Up Time 1600 Safeway Parking lot 203

R. J. Juliusson  
Lieutenant (N)  
Commanding Officer

Weekend Emergency Contact Person **Lt (N) R. J. Juliusson**  
Weekend Emergency Contact # **604-219-8049**