

2002 Iowa Wing Conference Registration Form

Name: _____ Rank: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Squadron: _____ Number in Party: _____

Will Be Attending: (Please Check One)

- | <u>Senior</u> | | <u>Cadet</u> | |
|---|---------|---|---------|
| <input type="checkbox"/> Conference & Banquet | \$50.00 | <input type="checkbox"/> Conference & Banquet | \$40.00 |
| <input type="checkbox"/> Conference Only | \$25.00 | <input type="checkbox"/> Conference Only | \$20.00 |
| <input type="checkbox"/> Banquet Only | \$35.00 | <input type="checkbox"/> Banquet Only | \$30.00 |

Please Make Checks Payable to Iowa Wing, CAP. Please fill out one of these forms per person.

Mail your check and completed form to Iowa Wing Conference, Post Office Box 1285, Ames, IA 50014-1285.

Registrations received after 7 October 2002 will be assessed a \$5.00 late fee.

In order to receive a refund, Iowa Wing HQ must be notified of cancellation prior to 7 October 02.

2002 Iowa Wing Conference Permission/Release Form

Cadets 18 years and younger must have permission from their parents to attend the Iowa Wing Conference. This form should be completed and signed by a parent/guardian and then submitted with the registration form and fees by 7 October 2002.

I hereby authorize my son/daughter _____ of Unit Charter # _____ to participate in the Iowa Wing Conference in Ames, IA on 18-20 October 2002. I understand that the policy of the Iowa Wing is that my son/daughter will remain at the Iowa State Memorial Union from the time she/he arrives until she/he departs, and will only leave the facility under the supervision of a CAP Senior Member.

I furthermore authorize Iowa Wing Civil Air Patrol to provide transport of my son/daughter to any local medical facility or hospital for emergency medical care and I accept full responsibility for the cost of all such medical care.

Signature of Custodial Parent/Guardian

Date

Printed Name of Parent/Guardian

Telephone Number