

Adults	X	X	day(s) =
Cadets	X	X	day(s) =

10. Method of Travel. (SOV, P/Car etc) : _____

11. Travel Costs

a.	Cost of Travel (Accts 4 attached)	£ _____
b.	Estimated amount to be claimed on F1771, if any	£ _____
c.	Grant sought to help defray costs	£ _____

12. Certificate of Exercise Controller

I have read and understood the instructions contained in ACP 16, and I am satisfied that sufficient and suitable instructors and serviceable equipment is available to meet all the training objectives of this exercise.

Date _____ Signed _____ Name _____

13. Certificate and Remarks by Sqn Cdr

I have examined the details of this exercise and I am satisfied that proper consideration to planning has taken place, that the training objectives are realistic and achievable and that its scope is within the capabilities of all personnel. I confirm that a Parents Consent Form and Certificate of Health will be/has been* obtained for every cadet taking part.

Additional Comments

Date _____ Signed _____ OC _____ Sqn _____

14. Remarks / Recommendation of Wing Headquarters

Recommended / Not Recommended*
Remarks :

Amount allocated from Wing budget:	SOV/Coach	£ _____
	Private Cars	£ _____

A brief report to WHQ on this F&MST activity (including any points of note for the future) is / is not* required.

Date _____ Signed _____ Appt _____

15. Remarks / Decision of Regional Headquarters

Approved / Not Approved* Adult / Cadet Ratio _____ :

Date _____ Signed _____

* Delete as appropriate.