

Headquarters Hampshire & Isle of Wight Wing
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Wing Headquarters
 HIOW Wing

Our Reference: HW/3/10/Trng

Date:

sqn ORGANISED COURSE/ACTIVITY FOR WHICH AUTHORITY IS REQUESTED

1. No Sqn intends to hold a course/activity as follows:
 - a. Brief details of course/activity
 -
 -
 - b. Date:
 - c. Day:
 - d. Place:
 - e. Number of cadets expected to attend:
 - f. Number of adults attending:
 - g. Programme: A programme is attached.
 - h. H&S RA's (iaw ACP 5) submitted. **YES / NO***
2. Pay is requested for adults.*
3. Authority is requested to hold this course/activity.

Signed

Name OC Sqn

*Delete if not applicable

From: **HQ HIOW Wing**

To: **NoSqn**

sqn ORGANISED COURSE/ACTIVITY

1. Authority is / is not granted for NoSqn to hold the course/activity referred to in HW/..... dated
2. Pay will be admissible for adults.

Date:

Signed:

Sqn Ldr
 Wing Ad O
 For OC Wing