

No 30 (Hobsonville) Squadron

Air Training Corps

New Zealand Cadet Forces



PO Box 81-054 Whenuapai, Ph 417-7000 ext. 7022 (Thursday Evenings) www.30sqnafc.org.nz

Thursday 16th February 2012

To: Parents/Guardians

PROFICIENCY-ADVANCED FLYING/SHOOTING WEEKEND 2012

The Proficiency/Advanced Flying-Shooting weekend continues a senior cadet's aviation and firearms training in a practical environment. Cadets will have the opportunity to fly powered aircraft and practice their shooting skills.

| | |
|--------------------------------|--|
| 1. Date: | Saturday 24 th March – Sunday 25 th March 2012 |
| 2. Timings: | Arrival – 0730hrs on Saturday Pick Up– 1700hrs on Sunday |
| 3. Location: | No. 30 (Hobsonville) Sqn Headquarters, Takatimu Rd, Whenuapai Airfield, RNZAF Base Auckland |
| 4. Costs: | i. \$40 for food and transport to the range(to be paid to the support committee by 15th March) ii. Cadets will have the opportunity to fly this weekend. This is optional and will cost \$70 (to be paid by cash, cheque or EFTPOS to the club on the day). Please indicate whether your son/daughter/ward will be flying or not on the permission slip. |
| 5. Medical/ Permission: | Fill out the attached medical/permission form and hand it in by Thursday 15th March . Also, cadets are to ensure that their record of service books are up to date and signed by parents. |
| 6. Equipment | Equipment list attached. |
| 7. Uniform: | Arrive in blue uniform. Ensure you bring a spare shirt. |
| 8. Food | A packed lunch for Saturday is required. Make sure you have breakfast before arriving. |
| 9. Emergency Contact | Unit phone number – 417 7000 ext. 7022 This is for emergencies only. |

S. Bown
Under Officer
Advanced Flight Commander

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Equipment List:

| ITEM | NOTE |
|---------------------------------------|---|
| Packed lunch | For Saturday |
| Day Pack | |
| Comfortable clothes for the range | With closed toe shoes |
| Drink bottle | |
| Blue uniform | With jersey and coat hangers. |
| Shoe polishing kit | Nugget, brushes, cotton wool, buffing cloth |
| PT kit | t-shirt, shorts and suitable shoes |
| Toiletries | Soap, toothbrush/ paste, deodorant etc. |
| Personal Medication | If required |
| Towel | |
| Jandals | For the shower. |
| Changes of underwear and socks | |
| Tidy civilian clothing | Including a warm jumper. |
| Sleeping bag (and pillow if you wish) | |
| Camp stretcher or foam mat | For sleeping on. |
| Stationary | Pen, paper etc. |
| Sunscreen | |
| Raincoat | |
| Sunglasses | (optional) |
| Cards etc | For waiting to fly (optional) |

PARENTAL CONSENT/MEDICAL

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CADETS NAME: _____

Rank

Surname

As parent / Guardian of the above cadet I give permission for him / her to take part in the Flying/ Shooting Weekend 2012

*Delete as applicable

* My Son / Daughter / Ward has no medical condition, disabilities or food allergies

* My Son / Daughter / Ward has a medical condition, disability or food allergy. I.e. sting, food or medicine allergies, asthma, migraines etc. They will bring along any medication required.

CONDITION: _____

MEDICATION: _____

Parent Signature: _____ Parent Name: _____

Your emergency phone number during the activity: Ph: _____

Flying

Please indicate if you will be participating in the flying component of the weekend

My Son/ Daughter / Ward (please circle) **WILL / WILL NOT** be flying on the flying shooting weekend.