

ATTACHMENT 1 – STUDENT BIOGRAPHICAL INFORMATION

CAP Rank:	LAST Name:	FIRST Name:	MI.
CAPID Number:	Unit Charter Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Wing:	Region:	Date of Rank:	
Current CAP Position:		CAP Unit Name:	
Your Polo Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large			
Personal Mailing Address:			
City:		State:	Zip:
Home Phone :		Cell Phone :	
Work Phone :		SUBMIT COMPLETED FORM BY: 29 May 2016	
Email Address:			
Name of Spouse:		Name of Child:	
Name of Child:		Name of Child:	
Employed by (Company Name):		Job Title:	
Other Organization Membership:		Position held:	
Other Organization Membership:		Position held:	
College/University Attended:		Degree, Major, Year:	
College/University Attended:		Degree, Major, Year:	
College/University Attended:		Degree, Major, Year:	
High School Attended:		Graduation Year:	



SOUTHEAST REGION STAFF COLLEGE 2016 PARTICIPANT HANDBOOK

Military Service	Years Served:
Highest Rank:	Military Specialty:
Military Awards and Decorations:	
Most Rewarding Accomplishments in Civilian Life:	
Most Rewarding Accomplishments in CAP:	
Professional and Career Goals in CAP:	
Other information you think we need to know:	



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ATTACHMENT 2 – TRAVEL INFO AND TRANSPORT REQUEST

CAP Rank:	LAST Name:	FIRST Name:	MI.
CAPID Number:	Unit Charter Number:	SUBMIT COMPLETED FORM BY: 26 June 2016	
Home Phone : ()		Cell Phone : ()	
Email Address:			
I will be traveling with:			
CHECK THE BOX AND COMPLETE THE ITEM/S AS REQUESTED.			
IN BOUND TRAVEL AND ARRIVAL INFORMATION			
CHECK THE BOX AND COMPLETE THE ITEM/S AS REQUESTED. PLAN TO ARRIVE AT SERSC BETWEEN 1200 – 1500 ON 10 July 2016 NOTES: 1. BILLETING CHECK-IN = 1300 – 1700 2. SERSC SIGN IN = 1500 – 1600			
<input type="checkbox"/> 1. GROUND = IN BOUND TRAVEL VIA GROUND VEHICLE			
Departure Point (City, State):		Estimated Time Departure (ETD) (Date/Time):	
TRAVEL METHOD: <input type="checkbox"/> POV = Privately Owned Vehicle <input type="checkbox"/> COV = CAP Corporate Vehicle <input type="checkbox"/> GOV= Gov't Owned Vehicle			
Estimated Arrival Time (ETA) (Date/Time):		CAP Call Sign:	
<input type="checkbox"/> 2. COMMERCIAL AIR = IN BOUND TRAVEL VIA COMMERCIAL AIRCRAFT			
Travel Date:	Scheduled Arrival Time:	Airline:	
Arriving From (City):	Flight Number:		
I WILL NEED CAP GROUND TRANSPORTATION FROM KNOXVILLE AIRPORT (TYS) TO SERSC: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> 3. CIVIL AIR PATROL = IN BOUND TRAVEL VIA CAP CORPORATE AIRCRAFT			
Travel Date:	Estimated Arrival Time:	CAP Tail Number:	
Arriving From (City):	CAP Call Sign:		
I WILL NEED CAP GROUND TRANSPORTATION FROM KNOXVILLE AIRPORT (TYS) TO SERSC: <input type="checkbox"/> YES <input type="checkbox"/> NO			



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4. PRIVATE AIRCRAFT = IN BOUND TRAVEL VIA PERSONAL/PRIVATE AIRCRAFT

Travel Date:	Estimated Arrival Time:	Tail Number:
Arriving From (City):	Call Sign:	

I will be traveling with:

I WILL NEED CAP GROUND TRANSPORTATION FROM KNOXVILLE AIRPORT (TYS) TO SERSC: YES NO

-- OUT BOUND TRAVEL AND DEPARTURE INFORMATION --

CHECK THE BOX AND COMPLETE THE ITEM/S AS REQUESTED.
NOTE: DEPARTURE IS NOT AUTHORIZED PRIOR TO 1100 (11:00 AM EDT ON 16 July 2016).

5. GROUND = OUT BOUND TRAVEL VIA GROUND VEHICLE

Estimated Time Departure (ETD) (Date/Time):	Destination (City, State):
TRAVEL METHOD: <input type="checkbox"/> POV = Privately Owned Vehicle <input type="checkbox"/> COV = CAP Corporate Vehicle <input type="checkbox"/> GOV= Gov't Owned Vehicle	
Estimated Arrival Time (ETA) (Date/Time):	CAP Call Sign:

6. COMMERCIAL AIR = OUT BOUND TRAVEL VIA COMMERCIAL AIRCRAFT

Departure Travel Date:	Scheduled Departure Time:	Airline:
Traveling to (City):	Flight Number:	

I WILL NEED CAP GROUND TRANSPORTATION FROM SERSC TO KNOXVILLE AIRPORT (TYS) : YES NO

7. CIVIL AIR PATROL = OUT BOUND TRAVEL VIA CAP CORPORATE AIRCRAFT

Departure Travel Date:	Scheduled Departure Time:	CAP Tail Number:
Traveling to (City):	CAP Call Sign:	

I WILL NEED CAP GROUND TRANSPORTATION FROM SERSC TO KNOXVILLE AIRPORT (TYS) : YES NO

8. PRIVATE AIRCRAFT = OUT BOUND TRAVEL VIA PERSONAL/PRIVATE AIRCRAFT

Departure Travel Date:	Scheduled Departure Time:	Tail Number:
Traveling to (City):	CAP Call Sign:	

I WILL NEED CAP GROUND TRANSPORTATION FROM SERSC TO KNOXVILLE AIRPORT (TYS) : YES NO



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ATTACHMENT 3 – EMERGENCY CONTACT AND MEDICAL INFO

EMERGENCY INFORMATION (Insurance/Physician Information, Emergency Contacts, Minor Consents)				
Name <i>(Last, First, Middle)</i>		Grade	CAPID	Charter Number
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
<i>(Area Code)</i> Home Phone		<i>(Area Code)</i> Cell Phone		
Primary Insurance Information <i>(Please attach copy of insurance cards, front and back)</i>				
Medical Insurance Company	Policy Number	Group Code/Number	Co-Pay Amount \$	
Prescription Coverage Company	Policy Number	Group Code/Number	Co-Pay Amount \$	
Family Physician				
Name			<i>(Area Code)</i> Phone	
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
Emergency Contact <i>(Parent, guardian or closest relative to be notified in case of emergency)</i>				
Name			Relationship to Applicant	
Mailing Address <i>(Number and Street)</i>		City	State	Zip Code
<i>(Area Code)</i> Pager	<i>(Area Code)</i> Cell/Mobile Phone	<i>(Area Code)</i> Day Phone	<i>(Area Code)</i> Night Phone	
Unit Commander Name and Grade		Unit Name		
<i>(Area Code)</i> Unit Commander Day Phone		<i>(Area Code)</i> Unit Commander Night Phone		



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ATTACHMENT 4 – GRADUATION BANQUET GUEST INFORMATION

CAP Rank:	LAST Name:	FIRST Name:	MI.
CAPID Number:	Unit Charter Number:	\$35.00 per guest payable with the application. Final deadline for guest names and payment is 1200 11 July 2016 Use additional pages if necessary	
Wing:	Region:		

The Graduation Banquet is a mandatory part of SERSC. Guests are invited (and encouraged) at this traditional social gathering.

GRADUATION BANQUET GUEST(S)

LAST Name:	FIRST Name:	MI.
CAPID (If Applicable):	Vehicle Make and Year:	
CAP Grade (If Applicable):	Vehicle Model and Color:	
Relationship to Student:	Vehicle Registration Tag (State, Number):	

LAST Name:	FIRST Name:	MI.
CAPID (If Applicable):	Vehicle Make and Year:	
CAP Grade (If Applicable):	Vehicle Model and Color:	
Relationship to Student:	Vehicle Registration Tag (State, Number):	

LAST Name:	FIRST Name:	MI.
CAPID (If Applicable):	Vehicle Make and Year:	
CAP Grade (If Applicable):	Vehicle Model and Color:	
Relationship to Student:	Vehicle Registration Tag (State, Number):	