

**INTERNATIONAL  
AIR CADET EXCHANGE  
INFORMATION FORM**



**IMPORTANT – CAPITAL LETTERS ONLY USING BLACK INK  
PLEASE**

<b>OWN COUNTRY:</b> <b>CANADA</b>		<b>YEAR OF EXCHANGE:</b> <b>2010</b>		<b>PHOTOGRAPH</b>	
<b>FAMILY NAME (SURNAME) – (ESCORTS INCLUDE MILITARY RANK WHERE HELD):</b>					
<b>GIVEN NAMES:</b>					
<b>NAME FOR NAME TAG:</b> Nickname and Surname					
<b>FULL HOME ADDRESS (Including postal code/zip code):</b>					
<b>E-MAIL:</b>					
<b>CONTACT TELEPHONE NUMBERS</b>		<b>DAYTIME:</b>		<b>PASSPORT NUMBER (leave blank if not yet received):</b>	
		<b>OTHER:</b>			
<b>PLACE OF BIRTH (include city/province/country):</b>			<b>PLACE AND DATE OF ISSUE (passport):</b>		
<b>HOST COUNTRY (leave blank):</b>		<b>DATE OF BIRTH:</b>		<b>AGE AS OF 1 AUGUST OF THE EXCHANGE YEAR (cadets only):</b>	
		<b>LANGUAGES SPOKEN:</b>			
<b>RELIGION:</b>					
<input type="checkbox"/> <b>MALE</b>		<input type="checkbox"/> <b>AIR CADET</b>		<b>CADET AND CIVILIAN FLYING:</b>	
<input type="checkbox"/> <b>FEMALE</b>		<input type="checkbox"/> <b>ESCORT</b>			
<input type="checkbox"/> <b>Flying Scholarship</b>		<input type="checkbox"/> <b>Private Pilots License</b>			
<input type="checkbox"/> <b>Gliding Scholarship</b>		<input type="checkbox"/> <b>Glider Pilot's License</b>			
<input type="checkbox"/> <b>Glider Instructor</b>		<input type="checkbox"/> <b>Other</b>			
<b>DIETARY REQUIREMENTS (Nil or other):</b>					
<b>SPECIAL MEDICATION OR MEDICAL CONDITIONS: I.E. PREVIOUS MAJOR SURGERY, ASTHMA, HAY FEVER OR OTHER ALLERGIES. MEDICATION IS TO BE SPECIFIED:</b>					
<b>CONTACT IN CASE OF EMERGENCY:</b>					
<b>TELEPHONE NO:</b>			<b>FAX/24 HOUR CONTACT NO:</b>		
<b>E-MAIL:</b>					
<b>CONSENT BY GUARDIAN OR PARENT RESPONSIBLE FOR CADETS UNDER 18 YEARS OF AGE, OR CADET IF 18 OR OVER:</b>					
<p><b>I give my permission for the cadet named above to fly in military and civilian aircraft during the International Air Cadet Exchange and to take part in the programmed activities of the host country. I also give permission for the cadet to be given any necessary surgical treatment during the Exchange.</b></p>					
<b>SIGNED:</b> _____		<b>PRINTED NAME:</b> _____		<b>DATE:</b> _____	