

## NEW ZEALAND CADET FORCES UNIT ACTIVITY INTENTION

### SECTION 1: (To be completed by Activity Organiser)

OIC Activity:		Unit:	
Activity Name:		Activity Type:	
Dates:	From:	To:	
Host Cadet Unit (if applicable):			
Objective(s) for Activity:	1.		
	2.		
	3.		
	4.		
Location of Activity:			
Topo50 Map/Chart Name:		Gr/Lat Long:	

Consent by Owner of location obtained (if required):		Yes		No		N/A
NZCF 12 completed and attached:		Yes		No		
Activities programme attached (if required):		Yes		No		N/A
Unit Support Committee Approval (if required):		Yes		No		N/A

The following number of Unit personnel will be participating in the Activity:						
	<b>Officers:</b>	Male:		Female:		Total:
	<b>Cadets:</b>	Male:		Female:		Total:
Additional Adult Supervisors/Instructors/NZDF Personnel participating in the Activity:						
	Male:		Female:		Total:	
<b>Total No of Pers Participating:</b>						

The non participating emergency contact person with the list of activity participants' names and home addresses is:			
	Phone:		
Parents/Caregivers informed of activity detail and provided consent (For Cadets under 18 years):			Yes
I accept responsibility for control and conduct of the intended activity:			

OIC Activity Signed:	Date:
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### SECTION 2: (To be completed by the Cadet Unit Commander)

I authorise the stated activity and certify that the above information is correct and that the activity will be conducted in accordance with the attached RAMs Form and complies with NZDF objectives and guidance:

CUCDR Signed:	Date:
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**SECTION 3:** *(To be completed by Activity Organiser if requested by Area CFTSU)*

**ACTIVITY PROGRAMME**