HEADQUARTERS
HURON CADET SQUADRON, CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
PO BOX 99
HURON CA 93234-0099

FROM: Commander

TO: Commander, Group 6

SUBJECT: Operations Plan

The Huron Cadet Squadron will be participating in the following activity:

_____

Details of the above named activity:

Date: _____

Destination: _____

_____

_____

Number Attending	
Cadets:	
Seniors:	

Safety			
Form 31's Required?	Circle one:	YES	NO
Parent Roster on hand?	Circle one:	YES	NO
Safety Assessment Manual on hand?	Circle one:	YES	NO
Safety Brief conducted?	Circle one:	YES	NO
First Aid Kit?	Circle one:	YES	NO

Itinerary	
Departure time from squadron headquarters:	
Estimated arrival time at destination:	
Estimated departure time from destination:	
Estimated arrival time at squadron headquarters:	

Uniform Required: Circle one: AF BLUE BDU OTHER

Specify other uniform:_____

Approved by Squadron Commander? Circle one: YES NO

HCS/CC Signature: _____

HCS FORM 52G, APR 07