



SOUTHEAST REGION
CIVIL AIR PATROL
UNITED STATES AIR FORCE AUXILIARY
POST OFFICE BOX 820336
VICKSBURG, MS 39180-0336

4 November 2016

MEMORANDUM FOR ALL CAP MEMBERS

FROM: SER/IAE

SUBJECT: Aerospace Education Academy Additional Tickets & Local Hotels List

1. The 2016 Southeast Region & Mississippi Wing Aerospace Education Academy has decided to add another ticket option for the 2016 Aerospace Education Academy for one week.
2. This ticket option costs cover **ONLY** the Friday Night Social, All Meals, the Academy Dining-Out, and All Course Materials. **You will be responsible for reserving and paying for your own hotel room.** A list of local hotels near the Academy locations has been provided in attachment 5 for assistance.
 - a. Late Student Registration (**WITH NO HOTEL**) is \$65 and **the deadline is 1200 hrs CST on 11 November 2014**
3. The only courses available due to spacing :
 - a. Ground School & Flight Simulator (8 seats available)
 - b. Basic Model Rocketry (6 Seats available)
 - a. Robotics (4 seats available)
4. We will be extending the ticket option for the Academy Dining-Out. This cost covers **ONLY** the Dining-Out meal on 20 Sunday 2016.
5. **Tickets refunds will not be honored due to the dedication of funds.**
6. All participants will still need to arrive at the Vicksburg Composite Squadron Headquarters located at 5887 Highway 61 South, Vicksburg, MS 39180 (between 1800 hrs CST and 2000 hrs CST on 18 November 2016 for registration and social reception. Dismissal will be after the conclusion of the Academy Dining-Out for those who choose the Late Ticket Option **ONLY** on 20 November 2016 at Southern Heritage Air Foundation located at 179 VTR Airport Road, Tallulah, LA 71282. The Academy Dining-Out will begin at 1700 hrs CST on 20 November 2016 at Southern Heritage Air Foundation.
7. To attend the Academy, all participants must be a current CAP member with a membership expiration date no sooner than 1 December 2016, possess a current CAP identification card, be in

good standing with CAP, and be safety current. Senior Members must have completed Level I prior to the deadline for late registration at 1200 hrs CST on 11 November 2016, no exceptions.

8. The application process for all applicants is as follow:

a. To register and pay for the Academy, please go online to the Eventbrite link and select the ticket(s) requested and fill in the online form. The Eventbrite link is <https://16sermswgaecademy.eventbrite.com>.

b. Complete CAP Forms 31 and 161, see attachments 1 and 2 respectively. E-mail a scanned copy of the completed forms to AerospaceEducationAcademy@gmail.com. Please note that CAP Form 31 must have the member's squadron commander's signature for CAP Cadets and Senior Members. Please note that CAP Form 31 Reverse side is not required for AEMs. Completed CAP Forms 31 and 161 must be received no later than 14 November 2016.

6. Participants shall be required to bring all the items as prescribed on the packing list in attachment 3 for Cadets and Senior Members and attachment 4 for AEMs. All items should be labeled as LAST NAME, FIRST NAME and CAP ID.

8. In accordance with CAP Regulation 160-1, Operation of the CAP Health Service Program, participants will be required to self-medicate and will maintain possession of their medications. All medications (prescription and over the counter) must be in the original container with the prescription label containing the member's name. If parents have any concerns they may contact the Academy Director before submitting their cadet's application at skelly@sercap.us.

9. Transportation to and from the academy is the member's responsibility. Participants are encouraged to use CAP Corporate Owned Vehicles (COV). Carpooling to and from the academy is highly encouraged.

10. All this information and more can be found at the Southeast Region Event Link at <http://sercap.us/events/aerospace-education-academy.aspx>.



SHAUN JOSEPH A. KELLY, Major, CAP
Director of Internal Aerospace Education

Attachment:

CAP Form 31

CAP Form 161

Packing List for Cadets and Senior Members

Packing List for AEMs

Hotel List

ATTACHMENT 1 – CAP Form 31

APPLICATION FOR CAP ENCAMPMENT OR SPECIAL ACTIVITY

Name (Last, First, Middle Initial)		CAPID	CAP Grade	Gender	
Member Type	Charter No. (e.g. GLR-MI-059)	Grade in School	Religious Preference		
Address (Include No., Street, City, State and Zip Code)		Home Phone Number	Cell Phone Number		
		E-Mail Address			
Date of Birth (mm/dd/yy)	Shirt Size	Height (Inches)	Weight (Lbs)	Hair Color	Eye Color
Title of Activity		Location of Activity	Activity Dates		
Staff Position(s) Sought					
Emergency Contact Information					
(Primary Contact) Name (Last, First, Middle Initial)		Relationship		Primary Phone Number	
(Secondary Contact) Name (Last, First, Middle Initial)		Relationship		Primary Phone Number	

RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

_____ Date

_____ Signature of Applicant

(Continued on reverse)

Name (Last, First, Middle Initial)	Title of Activity abc
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RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity directory at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

_____	_____	_____
Date	Witness for Father's Signature	Father or Legal Guardian
_____		_____
Witness for Mother's Signature		Mother or Legal Guardian

Squadron Certification. (Squadron Commander's signature is not necessary if the activity is approved in eServices or if it is a squadron activity.)

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates.

_____	_____
Date	Squadron Commander

Group Certification. (Group Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the group.)

_____	_____
Date	Group Commander (or designee)

Wing Certification. (Wing Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the wing.)

_____	_____
Date	Wing Commander (or designee)

ATTACHMENT 2 – CAP Form 161

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		

ATTACHMENT 3 – Packing List for Cadets and Senior Members

Battle Dress Uniform (BDU) or Airman's Battle Uniform (ABU)

(1 set required, 2 sets optional)

- BDU or ABU Blouse
- BDU or ABU Pants
- Combat Boots
- BDU or ABU Belt
- BDU or ABU Cover

USAF Class B (Service Dress) Uniform

(1 set required)

- Blue Shirt
- Blue Pants or Skirt
- Black Low Quarters
- Blues Belt with Silver Buckle
- Flight Cap
- CAP Grade Insignia
- Name Plate
- Ribbons
- Badges
- Blue Tie
- Service Dress Jacket (if available, for wear at Sunday Church Service and Awards Ceremony)

Required CAP Uniform Items

- Minimal 3 Black T-Shirts for BDUs or Tan T-Shirt for ABUs
- Minimal 2 White V-Neck Shirts
- Minimal 3 Black Boot Socks
- Minimal 2 Black Dress Socks

Optional CAP Uniform and Items

- Blue Pullover Sweater and/or Cardigan Sweater
- Lightweight Blue Jacket and/or Topcoat
- BDU Field Jacket and/or BDU Gortex Jacket
- ABU Gortex Jacket and/or ABU Fleece Jacket
- Full Mess Dress for Dining-Out (Senior Members Only, Reference CAP Manual 39-1 for all uniform items needed)
- Full Semi-Formal Dress Uniform for Dining-Out (Cadets Only, Reference CAP Manual 39-1 for all uniform items needed)
- Service Cap with appropriate device (Cadet Officer and Senior Members Only)

Appropriate Civilian Attire

- Minimal 3 Shirts
- Minimal 3 Pants or Shorts
- Casual Footwear
- Formal Dress (Females Only, can be worn in lieu of Mess Dress or Service Dress at Awards Ceremony)

Optional Clothing

- Minimal 4 Sets of Undergarments
- Cold Weather Gear
- Rain Gear

Required Toiletries

- Toothbrush and Paste
- Shampoo, Conditioner, and Bath Soap
- Deodorant
- Shaving Gear
- Comb and/or Brush

Required Items

- CAP ID Card
- Notebook
- Pens and Pencils
- Sun Screen and Insect Repellent
- Lint Roller
- Hydration Source

Optional Items

- Watch and/or Alarm Clock
- Cell Phone
- Religious Materials
- Laptop and/or Tablets
- Spray Starch and/or Sewing Kit
- Cameral with Film
- Feminine Hygiene Products
- Hair Items

It is upon the participants to make sure all uniforms and items are in compliance with the current CAP Manual 39-1.

Prohibited Items

The following items are **STRICTLY PROHIBITED** from the academy and will be confiscated. Items that violate CAP regulations and all federal, state, and local laws shall be grounds for immediate dismissal and notification of appropriate officials. This list is not all inclusive. Any items that are considered to be contravention of the integrity of the academy will be confiscated.

1. Firearms, Explosives, Knives, or Weapons of any sort
2. Illegal Substances and Non-Prescription Drugs

PRINT AND DOUBLE-CHECK THIS LIST BEFORE LEAVING HOME!!

ATTACHMENT 4 – Packing List for AEMs

Business Casual

Appropriate Polo, Blouse, or Shirt, comfortable Slacks or Skirt, and comfortable Footwear will be worn during all courses. A belt and or hat may be worn if you so desire. Comfortable Footwear

Formal or Sunday Best

Formal or Sunday Best will only be worn during the Dining-Out. If you choose to wear Formal attire, the options are Black-Tie Tuxedo or Formal Gown. If you choose to wear Sunday Best, the options are Suit with Tie, Button Up Shirt with Tie, or Business Dress. Appropriate Footwear will be worn.

Optional Clothing

Depending on the weather, it is encouraged to bring Cold Weather Gear and Rain Gear

Required Toiletries

Toiletries are not provided. It is recommended that you bring your own Toothbrush and Paste, Shampoo, Conditioner, and Bath Soap, Deodorant, Shaving Gear, and Comb and/or Brush.

Required Items

Some other items that are required are CAP ID Card, Notebook, Pens and Pencils, Sun Screen and Insect Repellent, Lint Roller, and a personal Hydration Source

Optional Items

Some other items that are optional include Watch and/or Alarm Clock, Cell Phone, Religious Materials, Laptop and/or Tablets, Spray Starch and/or Sewing Kit, Feminine Hygiene Products, and Hair Items

Prohibited Items

The following items are **STRICTLY PROHIBITED** from the academy and will be confiscated. Items that violate CAP regulations and all federal, state, and local laws shall be grounds for immediate dismissal and notification of appropriate officials. This list is not all inclusive. Any items that are considered to be a contravention of the integrity of the academy will be confiscated.

1. Firearms, Explosives, Knives, or Weapons of any sort
2. Illegal Substances and Non-Prescription Drugs

ATTACHMENT 4 – Hotel List

Ramada Vicksburg

20 Orme Drive
Vicksburg, MS 39180
601-636-1811

Super 8 Vicksburg

3308 Pemberton Boulevard
Vicksburg, MS 39180
601-636-7881

Ameristar Casino Hotel Vicksburg

4116 Washington Street
Vicksburg, MS 39180
601-638-1000

Riverwalk Casino Hotel

1046 Warrenton Road
Vicksburg, MS 39180
601-634-0100

Candlewood Suites Vicksburg

1296 South Frontage Road
Vicksburg, MS 39180
601-638-6900

Lady Luck Hotel and Suites

1350 Warrenton Road
Vicksburg, MS 39180
601-638-7111