



When: 3-5 February 2017
Where: Ft. Leonard Wood

TRACKS

1) *Soap Box Derby® FREE*

Wing Composite Team for the All-American Soap Box Derby® race to build and plan racing on **11-12 March** at the Whiteman Soap Box Derby® Race. For more information, go here:

<https://www.mowgcap.us/index.php/missions/ac/293-aasbd>

2) Model Rocketry – Beginner \$45

Hands-On phases for Redstone and Titan stages of the CAP Model Rocketry Program.

3) Model Rocketry – Intermediate \$45

Hands-On phases for the Titan and Saturn stages of the CAP Model Rocketry Program.

4) Model Rocketry – Advanced I \$100

Cadets MUST have completed the CAP Model Rocketry Program to attend.

Hands-On phases for the Columbia Stage of the CAP Model Rocketry Program.

5) Model Rocketry – Advanced II \$35

Cadets MUST have completed Model Rocketry – Advanced I to attend.

Part II Hands-On phases for the Columbia Stage of the CAP Model Rocketry

6) MARC track – Basic \$35

Cadets MUST have completed the CAP Model Rocketry Program and the Wright Brothers Achievement to attend.

-Balsa/foam model aircraft construction and test flights
-Real Flight Simulator computer program & hand-held controller
-Wings Aircraft and AeroLab productions
-Academy of Model Aeronautics (AMA) club will provide demonstrations and mentorship in learning to fly real remote-controlled airplanes.

-Limited to 10 cadets

7) MARC track – Intermediate \$35

Cadets MUST have completed ASA MARC Track Basic Course, first.

-Real Flight Simulator computer program & hand-held controller
-Construction and flight of Remote Controlled Aircraft
-Academy of Model Aeronautics (AMA) club will provide demonstrations and mentorship in learning to fly real remote-controlled airplanes.

-Limited to 10 cadets

8) MARC track – Advanced \$35

Cadets MUST have completed an ASA MARC Track Intermediate Course, first.

-Construction and flight of complex Remote Controlled Aircraft
-Academy of Model Aeronautics (AMA) club will provide demonstrations and mentorship in learning to fly real remote-controlled airplanes.

-Limited to 10 cadets

9) Flight Simulator track – \$35

Cadets MUST have completed the CAP Model Rocketry Program and the Wright Brothers Achievement to attend.

- Comprised of a Microsoft X-gold flight simulator computer program with accompanying yoke and rudder pedals, cadets will learn and perform flight activities to include using flight planning aeronautical charts and lessons to extend the experiential portion of the flight simulator program.

-Limited to 10 cadets

10) Staff \$20

Cadets that have completed the CAP Model Rocketry Program and the *Wright Brothers Achievement* may apply for Staff as well as Senior Members who've passed Level 1.

ACCESSING FT LEONARD WOOD

Current instructions on requesting a Post Pass and acceptable forms of identification that comply with the REAL ID Act are attached.

ACCOMMODATIONS

Fort Leonard Wood has barracks and classroom space arranged. Attendees must bring their own linens (*Pad Lock*, Sheet, Mattress sheet, and blanket and/or sleeping bag, pillow, etc.)

UNIFORM WEAR

Any authorized uniform combination IAW CAPM 39-1 **MUST** be worn, but ABU/BDU's/Utility uniforms preferred.

EXPECTATIONS

Training will be conducted in accordance with CAPR 50-20 *CAP Model Rocketry Program* and the *CAP Model Rocketry Program book*, to include building several models with differing fuel sources, then demonstrate their successful launch, flight, and recovery; and/or *CAP AEX MARC module*. Cadets who are between phases can complete partial tracks and their material fee will be reduced, accordingly. Please identify these cadets upon RSVP. Teams may **arrive after 1800 hrs on Friday to remain overnight. Sign in will begin at 0800 hrs Saturday.** Training will conclude at 1800 hrs on Saturday and re-convene at 0800 hrs on Sunday. Training will conclude and members will demobilize NLT 1600 hrs on Sunday, after Graduation and Clean-up.

CAP Orientation Flights are also planned.

PACKING LIST

See Attached. *Fee includes 2 Breakfasts, 2 Lunches, and 1 Dinner meal.*

CADET SPECIFIC

- Cadets must hold and take their own medication. However, please identify medications to their responsible Senior Member, on the CAPF 163, and attached Medication Form.
- All members must have a CAPF 31 signed by their Unit Commander and cadets under the age of 18 their Parent/Guardian.
- There will be both male and female Senior Members RON on premises and genders will billet separately.
- Cadets will be assigned to Tracks and may be placed into leadership positions commensurate with their rank.
- Good order and disciplined will be maintained. Horseplay and inappropriate behavior will not be tolerated. Squadron Commanders will be contacted and cadets will not be allowed to graduate for misbehavior and honor code violations. Please remember the core values.***

ALL CADETS *MUST* SIGN THE HONOR AGREEMENT!

RSVP

Please confirm intent to participate through your Unit Commander or Deputy Commander for Cadets. In turn, unit points of contact please RSVP using the standard excel document to ac@mowgcap.gov to ensure enough resources are available **NLT Thursday, 26 January 2017.**

HOW TO PAY

Units paying for their members may do a draft back to Missouri Wing's Aerospace Education Activity account. Members can pay by cash or checks/money orders drafted to: "Missouri Wing Civil Air Patrol."

PREREQUISITES

- Senior members **MUST** have completed Level I
- Cadets **MUST** have completed their **CURRY** Achievement
- CAPF 31 must have your Squadron Commander's approval to attend.



SHOW ME EXCELLENCE!

Aerospace STEM Academy Packing List

UNIFORM ITEMS

	QTY	REMARKS
BDU pants	1	
BDU blouse	1	With all insignia
BDU Cover	1	With insignia for officers
Belt (blue webbing with black buckle)	1	
BDU boots	1	
Socks, black	2 pr	
T-shirt, black	2	Crew style, no pocket

PT UNIFORM

Shorts, blue or black	1	Clean, conservative, not too short
T-shirt, black	1	In addition to above
Sweat pants, running pants, etc	1	Blue or black, conservative
Sweatshirt	1	
Socks, white	2pr	
Shoes, running	1pr	

PERSONAL ITEMS

NEW Pad Lock	1	Combination Lock preferred, key lock okay
Light Winter Coat	1	Uniform coat if available; conservative civilian coat is acceptable
Gloves	1 pr	
Underwear	3	
Bras (female cadets)	1	Sports bra recommended
Sleeping Bag or Sheet, Mattress cover, and blanket	1	
Pillow with case	1	
Soap and Shampoo		
Toothbrush and toothpaste		
Deodorant		
Washcloth and towel, shower shoes		Flip flops acceptable
Shaving Cream & Razor (in holder)		If necessary
Clothes Hangar	3	
Feminine Hygiene Products(female cadets)		If necessary
Shoe Polish Kit	1	
CAP notebook, pens or pencils		
Drinks with lids		
Snacks		

PROHIBITED ITEMS

Weapons of any kind (Knives)
 Alcoholic Beverages
 Illegal Drugs
 Tobacco Products
 Explosives
 Matches/Lighters

Fort Leonard Wood Post Pass Request

Attached is the link to the IM3500 Pass Application Portal which the DES Security Operations Branch is fielding to replace FVAS. Please pass this link to the non DOD credentialed person you wish to sponsor. They will need to include the information for the pass application and submit it to you for approval once you approve it, the request will be sent to the VCC where it will be processed for back ground screening and a response will be sent via the VCC email to you when that person can stop by to pick up their pass at the front gate Visitors Center.

<https://vcc1.icmvcc.com/im3500/>

The site is very simple to use and should be self-explanatory. If you or your sponsored person has any comments or questions on how to use the site or what information must be included, please do not hesitate to give Mr. Todd Horton, the system administrator or Mr. Rick Vise, Ch., Security Operations Branch, DES at 596-0597, a call.

The information needed to complete the pass request:

Sponsor's email – lawrence.reyes.civ@mail.mil; john.r.oneill3.civ@mail.mil;
robert.f.danner.civ@mail.mil

Visitor's email

Driver's License # and State

Beginning Date of Visit

Ending Date of Visit

Last Name

First Name

Middle Name

Suffix

Date of Birth

Color of Hair

Color of Eyes

Sponsoring Organization - **Civil Air Patrol**

Passport/ Visa Number

Accessing Fort Leonard Wood following the REAL ID Act of 2005

Effective immediately 11 January 2016, Fort Leonard Wood can no longer accept for access purposes the following state issued driver licenses (DLs) that do not meet the standards of the REAL ID Act of 2005: **Illinois, Minnesota, Missouri, New Mexico and Washington**. Individual(s) requesting access with one of the above state DLs will also need to present along with the non-compliant DL one of the documents below to prove identity in order to be vetted and issued an installation pass.

- United States Passport or United States Passport Card
- Certified Copy of Birth Certificate
- Social Security Card
- Permanent Resident Card/Alien Registration Receipt Card (Form I-551)
- Foreign passport with a temporary (I-551) stamp or temporary (I-551) printed notation on a machine readable immigrant visa
- Employment authorization document that contains a photograph (Form I-766)
- Foreign passport with Form I-94 or Form I-94A bearing same name as passport and containing an endorsement of the alien's nonimmigrant status, as long as the endorsement has not expired and proposed employment is not in conflict with restrictions or limitations identified on the form.
- School identification card with photograph
- U.S. Military or draft record (Certified Copy of DD Form 214)
- U.S. Coast Guard Merchant Mariner Card
- Transportation Worker Identification Card (TWIC)
- Native American Tribal Document

Visitor(s) requesting access without a REAL ID Act compliant form of identification or cannot provide supplemental identity proofing documents as listed above, must be escorted by a DOD credentialed person at all times while on the installation. All persons requesting unescorted access will continue to be vetted through the National Crime Information Center, prior to being issued an installation pass.

Accessing Fort Leonard Wood following the REAL ID Act of 2005

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- United States Passport or United States Passport Card
- Certified Copy of Birth Certificate
- Social Security Card
- Permanent Resident Card/Alien Registration Receipt Card (Form I-551)
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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 ASA		Location of Activity Ft Leonard Wood, MO	Activity Dates 3-5 February 2017		
Staff Position(s) Sought Track:					
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 ASA
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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)

PERMISSION FOR PROVISION OF MINOR CADET OVER-THE-COUNTER MEDICATION

This form may not be usable in some states due to statutes concerning who can administer medications and administration conditions. Wings with such restrictions will publish appropriate additional guidance in a supplement to CAPR 160-1.

Name (<i>Last, First, Middle</i>)	Grade	CAPID	Charter Number
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Over-The Counter/Non-Prescription Medications

The following over-the counter medications may be administered according to package directions by CAP senior members. Cross out any medications not approved.

Acetaminophen (Tylenol) for fever or pain	Visine eye drops for dry, irritated eye relief
Ibuprofen (Advil, Motrin) for fever or pain	Op-Con A eye drops for allergic conjunctivitis
Bacitracin or Neosporin antibiotic ointment to prevent infection	Benadryl liquid/tabs for allergic reactions
Hydrocortisone anti-inflammatory rash cream	Claritin antihistamine for seasonal allergies
Calamine/Caladryl for poison ivy itch relief	Robitussin products for relief of cough and cold symptoms
Antifungal creams and sprays for treatment of fungal rashes	Delsym to suppress cough
	Tums or Maalox for relief of stomach upset

Allergies

My child/ward has the following allergies or reactions to over-the-counter medications (list type of reaction):

Consent For Minor Cadet To Receive Over-The-Counter Medications

My signature below evidences my consent for CAP senior members to provide over-the-counter non-prescription medications (such as those listed above) to my child/ward if indicated in the reasonable judgment of such senior members. I understand that I will be informed if any such medications are administered.

Date	Signature of Parent/Guardian
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HONOR AGREEMENT

I, Cadet, _____ CAP, have come to the Aerospace STEM Academy (ASA) to experience the full range of opportunities and challenges available in the CAP Cadet Program. I understand that ASA offers me a chance to

- develop leadership skills,
- learn about science, technology, engineering, and math,
- demonstrate my commitment to physical fitness, and
- live the Core Values.

I understand that to accomplish those goals the ASA is run in a military-like training environment, and therefore I pledge to:

INITIALS consistently display a high level of self-discipline, military bearing, and military customs and courtesies.

INITIALS maintain my quarters and personal gear in a constant state of readiness for inspection.

INITIALS be open to new experiences and actively participate in all classes, tours, activities, academic assignments, and calisthenics and sports.

INITIALS live in a community with my fellow cadets, rise for First Call at, turn-in for Taps at, and, to develop my self-reliance, go without phones and the Web.

INITIALS obey all CAP rules and regulations in fact and spirit, and to cooperate with the cadets and seniors who are appointed to lead, train, and assist me.

INITIALS help my fellow cadets succeed as I put service to my team before myself.

I accept ASA's challenges and pledge to meet them with my very best effort. I am ready to train and I hereby request admittance to my Track.

CADET