CPX REGISTRATION - INDIVIDUAL

LAST NAME	FIRST NAME	CAPID or CAPSN

CAP GRADE	UNIT NAME	UNIT CHARTER NO.

STREET ADDRESS

CITY	STATE	ZIP

EMAIL ADDRESS	TELEPHONE NO.

ARRIVAL DATE ☐ A.M. ☐ P.M.	DEPARTURE DATE ☐ A.M. ☐ P.M.

I WILL NEED:

☐ AIRCRAFT TIE-DOWN CPF _____ or N _____

☐ VEHICLE PARKING

☐ BILLETING AT ELKHORN ARMORY

☐ MOTEL INFORMATION

I WOULD LIKE TO TRAIN IN THE FOLLOWING SPECIALTIES:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

CPX FORM 201 Sept 00