



ACLCL, Alberta Provincial Committee
Honours and Awards Nomination Form

Outstanding Alberta Air Cadet

Nominator: Name of Member or Committee_____

Address:_____

Ph:_____ Fax:_____ Email:_____

Air Cadet Nominee:

Full Name:_____

Address:_____

Squadron:_____

Ph:_____ Fax:_____ Email:_____

Please complete the Outstanding Air Cadet Criteria form along with the required attachments.