



## ***ANNUAL CEREMONIAL REVIEW INFORMATION SHEET***

Email: [bcpc@aircadetleague.bc.ca](mailto:bcpc@aircadetleague.bc.ca)

Fax: 604-732-9115

Please submit this form to your Wing Chair and or the ACL/ British Columbia Provincial office via email or fax. The Wing Chair will determine the ACL/ BCPC League Inspector for your Squadron's ACR.  
Thank you.

***SQN #*** \_\_\_\_\_

***Date of ACR*** \_\_\_\_\_

***Location:*** \_\_\_\_\_

***Arrival Time:*** \_\_\_\_\_ ***Start Time:*** \_\_\_\_\_

### SPONSORING COMMITTEE CONTACT PERSON:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***Comments: (if any)***