

# CADET DIRECT SPONSORSHIP FOR NIJMEGEN 2016 APPLICATION FORM

SECT A: Unit/Team Name:

SECT B: Team Leader (TL) Details			
TL Name:		TL Rank:	
Mobile Tel No:		E-mail address:	
Have you completed the event before? (✓)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes how many times?	
Have you completed the march as a TL? (✓)	Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECT C: NM16 Stage 1 Entry Application	
Who will apply to the NMRO on behalf of your team?	
Date of actual/planned application	_ _ / _ _ / _ _

SECT D: Team Member Details (please list min. of 11, max of 14)					
Name	Rank	UK Foot Size (size 3 to 12 no half sizes)	Sex (M/F)	Completed march before?	Ask team member to submit an online kit review at <a href="http://www.cadetdirect.com">www.cadetdirect.com</a>
TL.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
2.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
3.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
4.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
5.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
6.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
7.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
8.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
9.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
10.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
11.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
12.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
13.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>
14.			M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>

