

UNIT AEROSPACE EDUCATION QUARTERLY REPORT

Squadrons will submit this form by the 5th day of each month following each calendar quarter by email to the Nebraska Wing Director of Aerospace Education Officer at ae@nebraskacivilairpatrol.org. Receipt of form enables units to receive membership rebates.

Unit Name:	Unit Number NCR-NE-	Quarter: 1 st ____ 2 nd ____ 3 rd ____ 4 th ____ YEAR _____
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UNIT A. E. OFFICER INFORMATION:

NAME: _____ **CAPID NUMBER** _____

Email Address: _____ **Phone Number (_____)** _____ - _____

A. E. PRESENTATIONS:

<u>TOPIC</u>	<u>DATE</u>	<u>ATTENDANCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A. E. ACTIVITIES:

<u>TOPIC</u>	<u>DATE</u>	<u>ATTENDANCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FRANK BREWER AWARD NOMINATION:

_____	_____	_____
NAME	RANK	CAPID

CAP AEPSM TEST COMPLETED THIS QUARTER:

<u>NAME</u>	<u>RANK</u>	<u>CAPID</u>	<u>DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____

REMARKS:

Date Sent to Wing:	Received at Wing:	Submitted By:
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