

**CIVIL AIR PATROL  
NORTH CENTRAL REGION  
CHAPLAIN CORPS STAFF COLLEGE – 2010  
19-22 April 2010**



**NAME:** \_\_\_\_\_  
**CDIO** \_\_\_\_\_ **Chaplain** \_\_\_\_\_  
**GRADE:** \_\_\_\_\_ **CAPID** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_

**PHONE( )** \_\_\_\_-\_\_\_\_ **OFFICE( )** \_\_\_\_-\_\_\_\_ **CELL( )** \_\_\_\_-\_\_\_\_

**Email Address** \_\_\_\_\_

**CAP UNIT ASSIGNMENT** \_\_\_\_\_

**CHARTER:** NCR-\_\_\_\_-\_\_\_\_

**YEARS ATTENDED ANY REGIONS CCSC:**

1984 1985 1986 1987 1988 1989 1991 1992 1993 1994 1995 1996 1997  
1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 (Circle all)

**DID YOU GRADUATE FROM CCSC?**

**YES**\_\_ **NO**\_\_ **WHEN**\_\_\_\_\_ **WHAT REGION**\_\_\_\_\_

**\_\_\_\_\_ I WILL BE FULFILLING MY SECOND YEAR WITHIN FIVE  
YEARS OF GRADUATING REQUIREMENT. I WANT TO RECEIVE  
A NCR/CCSC DIPLOMA UPON COMPLETION OF THIS EVENT.**

**I need a receipt:** Yes No

**I want Missouri School of Religion CEU:** Yes No

**Dietary issues** \_\_\_\_\_

**Faith Group** \_\_\_\_\_

**MILITARY SUPPORT AUTHORIZATION (MSA) WILL BE PREPARED  
THROUGH NORTH CENTRAL REGION LO HEADQUARTERS ONLY  
(MSA's will be distributed at check in time Monday evening and  
keep it with you at all times)**

**Suspense date: 9 April 2010 5 PM**

**NCR CHAPLAIN CORPS STAFF COLLEGE  
COLUMBAN FATHER'S RETREAT HOUSE  
ST. COLUMBANS NEBRASKA 68056  
EMERGENCY PHONE: (402) 291-1920**

**REGISTRATION FEE**

**\_\_\_\_\_ OPTION "A"** Chaplain Corps personnel staying on campus

**Includes registration, up to four nights lodging @Columban's Retreat House, ten meals (including banquet) and Monday evening's social and refreshments served during class sessions, training materials and certification.**

**\$150.00**

**\_\_\_\_\_ OPTION "B"** Chaplain Corps personnel not staying on campus

**Includes registration, banquet and Monday evening's social and refreshments served during class sessions, training materials and certification.**

**(LODGING AND MEALS AT YOUR EXPENSE) \$70.00**

**CHECKS PAYABLE TO: North Central Region  
CAP**

RETURN REGISTRATION FORM WITH CHECK FOR ENTIRE AMOUNT:

**CH., LTC, DONALD MIKITTA, CAP**

**EMAIL:** [dsmikitta@hotmail.com](mailto:dsmikitta@hotmail.com)

**133 E. FOURTH ST.**

**RED WING, MN 55066**

**PHONE: (651) 327-9378 (C) (651) 385 6360 (W)**