

AFJROTC Cadet Leadership Course
Attending Unit Principal Authorization Form
(One Form Per Event)

School Name: _____

Unit Designation (AFJROTC): _____

AFJROTC Instructor(s): _____

Event: Cadet Leadership Course (CLC)

Dates of Event: _____

Location of CLC: _____

Sponsoring Organization: _____

I, _____ as the Principal of _____, hereby authorize the AFJROTC unit and its instructors to participate in the Cadet Leadership Course described above. I confirm that this activity aligns with school and district policies and has my full support.

I also understand that:

- All participating cadets will be under the supervision of certified AFJROTC instructors and follow all school and program policies.
- Proper transportation, lodging, and adult supervision will be arranged.
- Any absence from school due to participation will be considered excused, and cadets will be responsible for making up all missed work.

Principal's Signature

Principal's Name: _____

Signature: _____

Date: _____

AFJROTC Instructor Acknowledgment

SASI/ASI Name(s): _____

Signature: _____

Date: _____