**ISSUING HEADQUARTERS**

**United States Air Force Auxiliary**

**Applicable CAP Unit Street Address**

**CAP Unit City ST Zip**

SUBJECT: Participation Letter DD Mmmmm YYYY

1. The following individual(s) "is [are] authorized to participate" or "has [have] participated" in the name of activity, location of activity, inclusive dates, as description of role served during participation.

**GRADE LAST, FIRST NAME CAPID POSITION HELD**

                 

                 

2. Transportation to or from such activity is not the responsibility of CAP and is provided "as available." Privately owned vehicle travel to or from such activity is performed strictly at the members' own risk (reference CAPR 77-1) and is not under CAP direction and control. Parents of cadets will be advised.

CAP Validating Official's NAME, Grade, CAP

Duty Title