

St. John Ambulance Saint-Jean

Council for Ontario

Memorandum

TO: Distribution
FROM: Don Smith, Provincial Cadet Officer
DATE: 30 August 2000
RE: 2000 International Cadet First Aid Competition

The 2000 International Cadet First Aid Competition will be held at several locations throughout Ontario on Sunday October 22, 2000. The guidelines of the competition, including age criteria area detailed in the attached memorandum.

To facilitate planning and confirm locations, all completion entries must be received at Council no later than October 1, 2000. An intent to enter form is also attached. Late entries will not be accepted. Detailed joining instructions will be sent to divisions intending to enter.

To assist you in preparation of your teams, a copy of the 1999 scenario is available from the Brigade Community Services office at Council, Telephone 1-800-268-751, on request. A complete archive of the last nine years of International Cadet First Aid Competition problem sets are available in PDF format online at Cadets Online <http://www.sja-ontario-cadets.org>.

Remember that 2001 is a National Brigade Patient Care Competition Year. This is an excellent opportunity to rally your division to prepare to compete in our Patient Care Competitions leading up to the Nationals in May 2000 being hosted by Ontario at York University in Toronto.

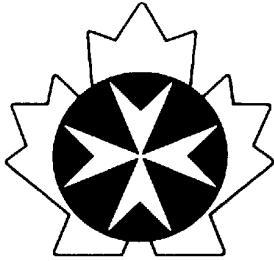
Sincerely,

Don Smith
Email: dsmith@mmhs.markham.on.ca

DISTRIBUTION

Provincial Commissioner
Provincial Brigade Staff
Area Commissioners 000
Area Cadet Officers
Internal

Divisional Superintendents (Youth and Quad)
Branches
Area Training Officers



**2000 International Cadet First Aid Competition
Sunday October 22, 2000**

INTENT TO ENTER FORM

To: Brigade Community Services
St. John Council for Ontario
46 Wellesley Street East
Toronto, Ontario
M4Y 1G5
Fax: 416-923-4856

Name of Unit: _____

Name of Team: _____
(Clearly indicate the number of Teams or send an application for each team separately)

I have read and agree to abide by the competition guidelines.

Signature of Superintendent/Officer In Charge: _____

**Print or type the following information for the person to whom competition
information should be sent:**

Name of Superintendent / Officer In Charge: _____

Name: _____ Position: _____

Address: _____

City/Town: _____ Postal Code: _____

Tel. No. : _____ Fax No.: _____

Email Address: _____

***This entry form must be received at Council no later than October 1, 2000. Late
entries will not be accepted.***