



CA1S Comment Form

Name: _____

E-Mail Address: _____

Phone Number: _____

Staff Position:

I/We would like to participate with Chapter CA1S in the following staff position.

Offer of Assistance:

I/We would like to assist Chapter CA1S in the following way:

Ideas for rides, campouts, dining excursions or other activities:

My/Our idea and/or desire is:

Comments:

Our comments about Chapter CA1S. (please be specific and constructive, thanks.)

Drop off at a meeting or mail to:

CA1S
2821 Altus Way
Oxnard, CA 93035

www.ca1s.org

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