

CADET PUBLIC APPEARANCE PARTICIPANT INFORMATION

AS PRESCRIBED BY AR 210-

INSTRUCTIONS FOR PREPARATION OF USMA FORMS 21-14 AND 21-14-1 (Continuation)

1. Type or print all information
2. Cadet prepare Section A, all forms; Admissions Participant complete Section B, item 1-10, for as many speaking engagements as necessary (use continuation sheet); Admissions Participant print name, and sign, and date on final continuation sheet.
3. Enter at least 2 confirmed appearances for each CPRC leave day.
4. Additional visits, or substitutes for those noted below, will be listed on continuation sheet(s) (USMA Form 21-14-1).
5. Admissions Participants make at least two copies - one to be forwarded to Regional Commander for approval of itinerary and one to be forwarded to cadet for use during appearances and for After Action Information.
6. After Action information concerning appearances, item 11, Section B, will be completed by cadet after each appearance. Upon return from program forward with After Action Summary, USMA Form 5-1, completed, to OIC CPRC, Admissions Office, Bldg. 606.

SECTION A - TO BE COMPLETED BY CADET

| | | | | | | | |
|----------------------|--|--|---------------|--|-------------|---|--|
| 1. CLASS | | 2. NAME (LAST, FIRST, MI) | | | | 3. COMPANY | |
| 4. P.O. BOX | | 5. PHONE NUMBER | | | 12. PROGRAM | | |
| LEAVE ADDRESS | | | | | | ANNUAL: <input type="checkbox"/> 1. THANKSGIVING <input type="checkbox"/> 2. SPRING I <input type="checkbox"/> 3. SPRING II <input type="checkbox"/> 4. GRADUATION WEEK SPECIAL: <input type="checkbox"/> 5. BOYS / GIRLS STATE <input type="checkbox"/> 6. CONGRESSIONAL EVENT <input type="checkbox"/> 7. OTHER | |
| 6. ADDRESSEE | | | | | | | |
| 7. NUMBER AND STREET | | | | | | | |
| 8. CITY | | | 9. STATE CODE | | | | |
| 10. ZIP CODE | | 11. TELEPHONE NUMBER (AREA CODE, EXCHANGE, NO) | | | | | |

SECTION B - TO BE COMPLETED BY USMA ADMISSIONS PARTICIPANT

| | | | | | | | |
|----------------------------------|--------------|--|--|--|---|--|--------------------------------|
| ADMISSIONS PARTICIPANT NAME | | STATE & ZIP AREA | | TELEPHONE (AREA CODE, EXCHANGE, NO) | | | |
| FIRST SPEAKING ENGAGEMENT | | | | | | | |
| 1. ORGANIZATION NAME | | | 2. ORG CODE | 3. VISIT DATE (DAY, MO, YR) | 4. VISIT TIME | | |
| 5. NUMBER AND STREET | | | 6. CITY | | 7. STATE CODE | 8. ZIP CODE | |
| 9. PRESENTATION CONTACT - NAME | | | | 10. TELEPHONE NUMBER (AREA CODE, EXCHANGE, NO) | | | |
| 11. AFTER ACTION SUMMARY: | EST AUDIENCE | ENGAGEMENT COMPLETED? (If no, explain in additional comments section) | SLIDES OR VIDEO SHOWN? | AUDIENCE REACTION | | OTHER ACADEMIES REPRESENTED | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> AVE <input type="checkbox"/> POOR | <input type="checkbox"/> GOOD <input type="checkbox"/> POOR | <input type="checkbox"/> USCGA <input type="checkbox"/> USNA | <input type="checkbox"/> USAFA |
| 1. ORGANIZATION NAME | | | 2. ORG CODE | 3. VISIT DATE (DAY, MO, YR) | 4. VISIT TIME | | |
| 5. NUMBER AND STREET | | | 6. CITY | | 7. STATE CODE | 8. ZIP CODE | |
| 9. PRESENTATION CONTACT - NAME | | | | 10. TELEPHONE NUMBER (AREA CODE, EXCHANGE, NO) | | | |
| 11. AFTER ACTION SUMMARY: | EST AUDIENCE | ENGAGEMENT COMPLETED? (If no, explain in additional comments section) | SLIDES OR VIDEO SHOWN? | AUDIENCE REACTION | | OTHER ACADEMIES REPRESENTED | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> AVE <input type="checkbox"/> POOR | <input type="checkbox"/> GOOD <input type="checkbox"/> POOR | <input type="checkbox"/> USCGA <input type="checkbox"/> USNA | <input type="checkbox"/> USAFA |

SECTION C - ADDITIONAL COMMENTS (Continue on blank sheet of paper if necessary)

| | | | | |
|--|--|-----------|--|------|
| ADMISSIONS PARTICIPANT - TYPED OR PRINTED NAME | | SIGNATURE | | DATE |
|--|--|-----------|--|------|