

56TH TROOP COMMAND  
RHODE ISLAND ARMY NATIONAL GUARD  
Camp Fogarty Armory, 2841 South County Trail  
East Greenwich, Rhode Island 02818

S: 25 June 2012  
01 December 2011

TCCO

MEMORANDUM FOR International Competition Participants (LF30)

SUBJECT: Memorandum of Instruction, 30th Annual RI Army National Guard International Parachute Competition (Leapfest)

1. REFERENCE: NGR 350-1 SAB dtd 3 June 1991, FM 3-21.38 Pathfinder Operations, FM 3-21.220, Basic Parachuting Techniques and Training, FORSCOM Reg 350-2.
2. You are invited to participate in the 30th Annual RI Army National Guard International Parachute Competition (Leapfest) to be held in Rhode Island from 29 July – 10 August 2012.
3. The purpose of the competition is to promote the camaraderie and Espirit de Corps of the airborne soldier through international competition. The competition is attended by representatives from the United States Military, Army Reserve, Army National Guard, Marines, Navy, Air Force, and numerous other international teams.
4. A competition team consists of five (5) members comprised of four (4) jumpers and one alternate jumper. Alternates are not allowed on the aircraft as observers. A current and qualified static Jumpmaster will be provided by the 56<sup>th</sup> Troop Command (RIARNG) Headquarters. Jumpers will exit from a CH-47 helicopter from 1250-1500 feet (AGL) using the MC1-1C static line steerable parabolic parachute. Each stick consists of four jumpers. Rules are provided at the mission briefing.
5. Unit commanders must certify that all jumpers are qualified to operate a steerable parabolic canopy parachute prior to their arrival at Leapfest.
6. Arrival: Teams should arrive at Boston Massachusetts's Logan Airport (international airport code BOS), or in Providence Rhode Island's TF Green Airport (airport code PVD, note that PVD is not an international airport). Teams will be transported from either Boston or Providence to the University of Rhode Island (URI), Kingston, Rhode Island. Transportation will not be provided from other arrival airports. Team Leaders are responsible for sign-in, receiving billet assignments, team number, banquet tickets and coordination of team departure transportation. This headquarters will assist Team Leaders in any transportation or logistical needs. See in-processing checklist, Enclosure 1.
  - a. You must forward the following to this headquarters NLT 30 June 2012. The first 25 teams to submit required information will be allowed to participate. A computer will determine the jump order randomly.
    - (1) Completed Registration Form (Enclosure 2)
    - (2) Completed Commanders Authorization Form (Enclosure 2)
    - (3) \$550.00 USD per team (Payable to "LEAPFEST") **Registration fee not refundable.**
    - (4) Arrival transportation requirements (ONLY from Providence, TF Green Airport, PVD or Boston Logan International Airport, BOS)

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b. In-processing requirements:

- (1) Copy of parachuting orders, one per individual
- (2) Emergency Data Cards, one per individual (Enclosure 3)

7. Transportation will be provided to and from the billets to local areas of interest and the competition site. All meals will be provided. Billeting will be provided with dual-occupancy rooms at the University of Rhode Island, Kingston, RI (bring a lock). Participants are required to bring a parachutist helmet, uniform for the briefings/jumping, and boots.

8. A mission briefing will be conducted on 2 August 2012 at 1000 AM in the Chafee Auditorium at the University of Rhode Island. Attendance is required for all participants. Transportation will be provided for you.

9. EMERGENCY NOTIFICATION: Phone numbers are SGM Richard Burmeister 011 401 275 4615 or cell 011 401 374 0103 or MAJ Jeffrey Lessard 011 401 275 4613 or cell 011 401 680 3093. Cell numbers will be manned 24 hours a day during the competition.

10. MEDICAL SUPPORT: A medic will be provided for routine care for you during your stay in Rhode Island. If you need care that the medic is unable to provide we will transport you to one of the following health care facilities listed below.

- a. MILITARY: Newport Naval Hospital 401 843-1102 for non-life threatening cases.
- b. CIVILIAN: Kent County Hospital, Warwick, RI 401 737-7000 for life-threatening situations only. Rhode Island Hospital, Providence, RI 401 444-4300 for trauma cases.
- c. Medical support on the Drop Zone (DZ) is provided by medics with M-5 bags to treat minor injuries. MEDVAC helicopters and ground ambulances are also on site.

11. 56<sup>th</sup> Troop Command will be responsible for Sustained Airborne Training (SAT), Jumpmaster Inspections and Jumpmasters in CH-47 helicopters. You will have the chance to participate in 5 jumps, weather permitting, while here in RI. At the conclusion of the jump program, we will award your team the United States Parachutist Badge and certificate.

12. MESSING: Messing is provided by the University of Rhode Island. Due to the location of some events, a bag lunch may be provided. The evening meal on the 4<sup>th</sup> of August 2012 is the Awards Banquet. The costs for all meals are included in the entrance fee.

13. DEPARTURE FROM RI: Departure from the Leapfest program is Friday, 10 August 2012. Teams will turn-in billet keys, linen and sign-out. Packets will be distributed to teams and we will provide you transport to the airport and or rental car facility as needed.

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14. RAIN DATE: In the event of rain on 3-4 August, a rain date is scheduled for 5 August 2012. United States teams will be given the option to withdraw from the competition. In the event of rain on the 5<sup>th</sup> of August, the competition will still be held between 6 and 9 August 2012.

15. POC this headquarters is MAJ Jeffrey Lessard at 011 401 275 4613, DSN: 247-4613, E Mail: [Jeffrey.Lessard@us.army.mil](mailto:Jeffrey.Lessard@us.army.mil) or SGM Richard Burmeister at 011 401 275 4615, DSN: 247-4615, E-Mail: [richard.burmeister@us.army.mil](mailto:richard.burmeister@us.army.mil) or FAX: 011 401 275 4672.

//s//

DAVID J. MEDEIROS  
COL, MP  
Commanding

3 Encls.

1-In-processing Checklist

2-Registration Form

3-Emergency Data Card

**Enclosure 1 to 30th Annual RI Army National Guard International Parachute Competition, MOI**

**TEAM NUMBER:** \_\_\_\_\_ **HELMET NUMBERS:** \_\_\_\_\_ **THRU** \_\_\_\_\_

**INPROCESSING CHECKLIST**

INITIAL

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1. Registration Form (Packet)
2. Emergency Data Cards (One per team member) (Packet)
3. Copy of Hazardous Duty orders (one per team member), or a Commanders authorization letter (letter must have as a minimum: Name, Rank, and Serial of Team Member) (Packet)
4. ID Cards and ID Tags
5. DA Form 1306 (corrected copy)
  - 3 - copies to team leader
  - 2 - packet (original plus 1)
  - 1 - S-4
6. Entrance Fee paid (**Not refundable**)
7. Receipt for entrance fee (packet)
8. Meal Cards (given to Team Leader)
9. Patches / Decals (packet)
10. Banquet Tickets (given to Team Leader)
11. Certificates (reviewed by Team Leader) (packet)
12. Copy of Rules

**OUTPROCESSING CHECKLIST**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Team Packet given to:  
\_\_\_\_\_ (rank, last, first name) \_\_\_\_\_ (date) \_\_\_\_\_ (time)
2. Date Team Packet mailed (if needed): \_\_\_\_\_
3. Errors / Corrections needed: Y / N (notes on back)
4. Remarks / Other: \_\_\_\_\_

**Enclosure 2 to 30th Annual RI Army National Guard International Parachute Competition, MOI**

**REGISTRATION FORM**

- Notes: **1. Please type or print legibly.**  
**2. Please identify the Team Leader in the first position or with TL.**  
**3. Please identify the Jumpmaster with JM.**  
**4. LOI will be sent upon receipt of registration.**

TEAM UNIT: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

	LAST NAME	FIRST NAME	SERVICE/SSN	RANK	Gender Male/Female
TM LDR	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

MAILING ADDRESS: \_\_\_\_\_

UNIT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

E MAIL: \_\_\_\_\_ ALT NUMBER: (\_\_\_\_) \_\_\_\_\_

TRANSPORTATION TORI: Arrival City \_\_\_\_\_ Airline \_\_\_\_\_

ARRIVAL DATE/TIME: \_\_\_\_\_ DEPARTURE DATE/TIME: \_\_\_\_\_

BANQUET FEES FOR ANY ADDITIONAL PERSON (FAMILY/FRIEND): US\$30 Per Person.

**COMMANDERS AUTHORIZATION**

I, \_\_\_\_\_ am aware that the above named soldiers are participating in  
(Commander's name and rank)

Leapfest and are qualified and certified in accordance with para 5 of the 56th TRP CMD MOI.

\_\_\_\_\_  
(signature)

MAKE CHECKS PAYABLE TO: LEAPFEST ASSOCIATION 56TH TROOP COMMAND  
 FAX #: (401) 275-4672 CAMP FOGARTY ARMORY  
 UNIT #: (401) 275-4613/15 2841 SOUTH COUNTY TRAIL  
 DSN #: 247-4613/15 EAST GREENWICH, RI 02818-1727  
 E MAIL: [Richard.burmeister@us.army.mil](mailto:Richard.burmeister@us.army.mil)

\*Or pay through PayPal on [www.Leapfest.com](http://www.Leapfest.com)

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 FOR OFFICE USE ONLY: CHECK/INVOICE #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_  
 TEAM NUMBER ASSIGNED: \_\_\_\_\_ DATE RECEIPT SENT (if requested): \_\_\_\_\_

Enclosure 3 to 30th Annual RI Army National Guard International Parachute Competition, MOI

**EMERGENCY DATA CARD**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - RANK: \_\_\_\_\_

UNIT OF ASSIGNMENT: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY DATA CARD**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - RANK: \_\_\_\_\_

UNIT OF ASSIGNMENT: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY DATA CARD**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - RANK: \_\_\_\_\_

UNIT OF ASSIGNMENT: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

NOTE: EACH TEAM MEMBER MUST FILL OUT THE EMERGENCY DATA FORM, 3 TEAM MEMBERS PER PAGE.  
REPRODUCE FOR SECOND PAGE.