

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

S: 30 June 2012
01 December 2011

TCCO

MEMORANDUM FOR COMPETITION PARTICIPANTS

SUBJECT: The 30th Annual RI Army National Guard International Parachute Competition Memorandum of Instruction

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. I would like to invite you to participate in the 30th Annual RI Army National Guard International Parachute Competition to be held in Rhode Island from 01-05 August 2012. In-processing is on Wednesday, 01 August, 2012; competition on 3-4 August 2012 and out-processing on 5 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 Active Army, Army Reserve, Army National Guard, Marines, Navy, Air Force, and several international teams.
4. A competition team consists of five (5) personnel; four (4) jumpers and one alternate. Alternate personnel can be substituted at any time, but only 4 will jump as a team. Alternates are not allowed as observers on the aircraft. A static qualified and current Jumpmaster will be provided by this Headquarters. Jumpers will exit from a CH-47 helicopter from 1250-1500 feet (AGL) using the MC1-1C/D static line parachute. Each stick consists of four jumpers. Rules are provided at the mission briefing.
5. Unit Commanders must certify that all jumpers are qualified and current IAW FM 3-21.220 and have made at least 10 (ten) Jumps with the MC1-1C/D parachute.
6. IN-PROCESSING: Teams will report to Chafee Auditorium, University of Rhode Island (URI), Kingston, Rhode Island between the hours of 1200 and 1800 on Wednesday, 1 August 2012. Team Leaders are responsible for sign-in, receiving billet assignments, team number, banquet tickets and coordination of team departure transportation.
 - a. The following items are required to be forwarded to this Headquarters NLT 30 June 2012. First 60 teams to submit required information will be allowed to participate. The computer will determine the team jump order randomly.
 - (1) Completed Registration Form (Enclosure 2)
 - (2) Completed Commanders Authorization Form (Enclosure 2)
 - (3) \$500.00 per U.S. Team, \$550 per International Team (Payable to "LEAPFEST Association" via check or payment through the www.Lepfest.com website). **Registration fee is not refundable.**
 - (4) Arrival transportation requirements (from Providence, (PVD) TF Green Airport **ONLY**)

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b. In-processing requirements:

- (1) Copy of hazardous duty orders, one per individual
- (2) Emergency Data Cards, one per individual (Enclosure 3)
- (3) Copy of travel orders
- (4) ID Cards and Tags
- (5) Mode of transportation to and from Rhode Island

7. Transportation will be provided to and from billets and competition site. Nine meals will be provided (Wednesday evening dinner, Thursday and Friday breakfast, lunch and dinner; Saturday breakfast before the jump, lunch, the Banquet, and breakfast before out-processing on Sunday). Billeting will be provided (two man rooms) at the University of Rhode Island (**bring a padlock**). All team members will receive a LEAPFEST coin and Award Certificates. Participants are required to bring a parachutist helmet; individual health records are not required but encouraged to be on hand.

8. A mission briefing will be conducted in uniform on Thursday, 02 August 2012 (1000) in Chafee Auditorium at the University of Rhode Island. Attendance is required for all participants. An "International Welcome" will be held on Thursday afternoon/evening.

9. EMERGENCY NOTIFICATION: Phone numbers are COMM: OPS NCO (401) 275-4615, DSN: 247-4615. CELL: 401-374-0103 or OPS OFF COMM: (401) 275-4613. DSN 247-4613. Emergency numbers will be manned 24 hours a day during the competition.

10. MEDICAL SUPPORT:

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 is used for trauma cases.

c. Medical support on the Drop Zone (DZ) is provided by medics with M-5 bags to treat minor injuries. MEDEVAC helicopters and ground ambulances are also on site.

d. LINE OF DUTY (LOD): This headquarters will prepare necessary packets for RC personnel. AC team leaders should make their own arrangements.

11. Team Leaders will verify the DA Form 1306, Jump Manifest that will be maintained by this Headquarters. All information will be reviewed at in-processing and corrected prior to the mission briefing. All corrected-copy Jump Manifests will be handed to the Team Leader at that time - no changes after the mission briefing. 56th Troop Command will be responsible for Sustained Airborne Training (SAT), JMPI and static JM's in CH-47's.

12. OUT-PROCESSING: Out-processing for teams returning to their home station is Sunday 5 August 2012 from 0800-1000 hrs at the billets. Teams will turn-in billet keys, linen and sign-out. Packets will be distributed to teams.

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13. RAIN DATE: Scheduled for 5 August 2012. Arrangements should be made for return on 5 August 2012, if required. Teams will be given the option to withdraw from the competition. **Entrance fee of \$500.00 (\$550.00 for International Teams) will not be refunded.**

14. FRIENDSHIP JUMP: For those teams or individuals that would like to participate in a Friendship Jump which may result in awarding foreign wings, arrangements can be made through this office. This event is scheduled for Tuesday, 7 August 2012 at the same pickup and drop zone used for the competition. In order to participate, this office would need to have your intent, number of jumpers and coordination to remain at the URI billeting (if desired). There would be an extra cost for the billeting (4 days @ approximately \$30/day and departure would be extended to the 8th of August 2012. The intent has to be submitted as part of the registration process. See Enclosure 2.

15. The POC for registration and operations is MAJ Jeffrey Lessard at COMM: (401) 275-4613, DSN: 247-4613, E Mail: Jeffrey.Lessard@us.army.mil or SGM Richard Burmeister at COMM: (401) 275-4615, DSN: 247-4615, FAX: (401) 275-4672, E Mail: richard.burmeister@us.army.mil.

DAVID MEDEIROS
COL, AV
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

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 SSN 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 (via Paypal or check) - **Additional payment if staying beyond 5 August 2011 at URI billets.
7. Receipt for entrance fee (packet)
8. Meal Cards (given to Team Leader)
9. Coins (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.**

TEAM UNIT: _____ COMPONENT: _____

CITY: _____ STATE: _____

	LAST NAME	FIRST NAME	SERVICE/SSN	RANK	GENDER	M/F
TM LDR	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

MAILING ADDRESS: _____

DUTY PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

E MAIL: _____ ALT NUMBER: (____) _____

TRANSPORTATION TORI: POV ___ GSA ___ MILAIR ___ CIV AIR: ___

PLEASE CIRCLE Y OR N WE WILL HAVE A RENTAL CAR Y N WE NEED GOVERNMENT BILLETING Y N

WE HAVE COMMERCIAL BILLETING: Y N WE WILL TRAVEL IN AND AROUND RI USING RENTAL CAR/POV Y N

WE NEED TRANSPORTATION FROM TFGREEN AIRPORT Y N AIRLINE / FLT # _____

WILL BE PARTICIPATING IN THE FRIENDSHIP JUMP ON 7 AUGUST 2012 Y N

NUMBER OF PERSONNEL PARTICIPATING IN FRIENDSHIP JUMP ON 7 AUGUST 2012: _____

NUMBER OF PERSONNEL STAYING AT THE URI BILLETING FROM 5-8 AUGUST 2012 FOR THE FRIENDSHIP JUMP: _____

ARRIVAL DATE/TIME: _____ DEPARTURE DATE/TIME: _____

BANQUET FEES- INCLUDE FAMILY and or FRIENDS that will attend (Cost per person is \$30.00)

Number of additional tickets (do not include team members) _____

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 CHECK 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 02818-1728
 E MAIL: richard.burmeister@us.army.mil

*Or pay through PayPal on www.Leapfest.com

 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.

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:** (____) _____