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| U.S. NAVAL SEA CADET CORPSU.S. NAVY LEAGUE CADET CORPS | CTC MIDWESTTRANSPORTATION FORM | ALL FIELDS MUST BE COMPLETED IN THEIR ENTIRETY |
| **INSTRUCTIONS:**  **1. PREPARE THIS FORM FOR ALL CADETS NOT ARRIVING IN PERSONAL AUTO (aircraft or other conveyance OR non-parent vehicle)** **2. FORWARD ORIGINAL TO CO, CTC VIA E-MAIL (co.ctcmw@gmail.com) <<< FOR AIRLINE TRAVEL ONLY / AND A COPY TO THE SERVICE RECORD**  **(CTC Midwest reserves the right to require compliance in travel arrangements) … this form must be approved for AIRLINE travel before you book flights** **3. FOR UNIT / OR OTHER VEHICULAR TRAVEL, DO NOT SEND VIA E-AMIL, FILE A COPY TO SERVICE RECORD ONLY.** |
| Date (DD MMM YY) | Unit Name | Region |
| Last Name | First Name | MI | M/F | **RANK** | **SSN (LAST 4 DIGITS)** |
| **Guardian/Parent LAST name****2g.** Date of Birth | **Grdn/Parent FIRST Name** | **GUARDIAN / PARENT PHONE(s)**  **Home: ( ) Work: ( ) Cellular: ( )**  |
| **Secondary Contact LAST name****2g.** Date of Birth | **Sec Contact FIRST Name** | **Secondary contact PHONE(s)**  **Home: ( ) Work: ( ) Cellular: ( )**  |
| **HOME UNIT CO FULL Name****2g.** Date of Birth | **HOME UNIT CO RANK** | **Home Unit Commanding Officer PHONE(s) & E-MAIL (Required) >>> E-MAIL:** **Home: ( ) Work: ( ) Cellular: ( ) [ ]** |
| **TRAINING ARRIVAL FLIGHT INFORMATION** |
| **AIRLINE**  | **DATE OF DEPARTURE** | **TIME OF DEPARTURE** | **NAME OF DEPARTURE AIRPORT** |
| **AIRLINE** | **DATE OF ARRIVAL** | **TIME OF ARRIVAL** | **NAME OF ARRIVAL AIRPORT (MUST BE AS SPECIFIED]****Cleveland Hopkins Airport - CLE (Cleveland, Ohio)** |
| **FLIGHT NUMBER CADET ARRIVING ON** | **LAST FOUR DIGITS OF CADET SSN#** |
| **TRAINING DEPARTURE FLIGHT INFORMATION** |
| **AIRLINE**  | **DATE OF DEPARTURE** | **TIME OF DEPARTURE** | **NAME OF DEPARTURE AIRPORT (MUST BE AS SPECIFIED]****Cleveland Hopkins Airport - CLE (Cleveland, Ohio)** |
| **AIRLINE** | **DATE OF ARRIVAL** | **TIME OF ARRIVAL** | **NAME OF ARRIVAL AIRPORT** |
| **FLIGHT NUMBER CADET DEPARTING ON** | **LAST FOUR DIGITS OF CADET SSN#** |
| **TRAINING ARRIVAL UNIT VEHICLE / NON-PARENTAL POV OR OTHER CONVEYANCE** |
| **NAME OF THE SENIOR ESCORT** | **DATE OF DEPARTURE** | **TIME OF DEPARTURE** | **METHOD OF TRAVEL** |
| **ESCORT CAPACITY (OFF, PARENT)** | **ESCORT’S VEHICLE TYPE** | **Escort’s Phone (Cellular)** | **Estimated Date/Time of arrival at CTC Midwest** |
| **TRAINING DEPARTURE UNIT VEHICLE / NON-PARENTAL POV OR OTHER CONVEYANCE** |
| **NAME OF THE SENIOR ESCORT** | **DATE OF DEPARTURE** | **TIME OF DEPARTURE** | **METHOD OF TRAVEL** |
| **ESCORT CAPACITY (OFF, PARENT)** | **ESCORT’S VEHICLE TYPE** | **Escort’s Phone (Cellular)** | **Estimated Date/Time of arrival at CTC Midwest** |
| **By sending in this form and/or accepting orders; I, the legal parent/guardian of the subject cadet do hereby authorize release of said cadet to the person(s) listed herein.**  |

**PARENTAL / GUARDIAN AGREEMENT:**

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| **BY SUBMISSION OF THIS INFORMATION, I HEREBY CERTIFY THAT IN ADDITION TO THE OTHER NSCC FORMS THAT I AS PARENT/GUARDIAN ARE TOTALLY RESPONSIBLE IN ALL MATTERS FOR MY CADET’S SAFETY AND SUCCESSFUL ARRIVAL AT CTC MIDWEST.****I FURTHER UNDERSTAND THAT THE TRANSPORTATION AFFORDED THE CADETS IS DONE AS A COURTESY AND THAT I AS THE PARENT / GUARDIAN WILL ASSUME ALL FINANCIAL RESPONSIBILITIES FOR TRANSPORT, ETC SHOULD MY CADET NOT BE ABLE TO COMPLY WITH THE TRANSPORTATION REQUIREMENTS AND SCHEDULES, AS OUTLINESD IN THE CTC MIDWEST TRANSPORTATION MEMO LISTED AT** [**WWW.NSCCCTC.ORG**](http://WWW.NSCCCTC.ORG) **.** |

 \*\* TYPED NAME AND LAST 4 DIGITS OF PARENTAL/GUARDIAN SSN# (SIGNIFYING AGREEMENT)

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