U.S. NAVAL SEA CADET CORPS U.S. NAVY LEAGUE CADET CORPS		FORT CUSTER COMBINED TRAINING TRANSPORTATION FORM				ALL FIELDS MUST BE COMPLETED IN THEIR ENTIRETY		
INSTRUCTIONS: 1. PREPARE THIS FORM FOR ALL CADETS TRAVELING BY AIR 2. FORWARD VIA E-MAIL to LCDR Lisa Stoyanovich, lstoyanovich@seacadets.org by 1 May. (COTC reserves the right to require compliance in travel arrangements)								
DATE (DD MMM YY) UNIT NAME							REGION	
CADET LAST NAME		CADET FIRST NAME		RANK	M/F	AGE	CADET CELL PHONE #	
GUARDIAN/PARENT LAST NAME		GRDN/PARENT FIRST NAME	GUARDIAN/PARENT PHONE(S) HOME: () WORK: ())	CELL: ()		
WILL CADET REQUIRE	GROUND TRAN	ISPORTATION TO FORT CUST	TER? (Y) (N) IF NO			ANSWER THE QUESTION BELOW		
WHO IS TRANSPORTING CADET TO THE TRAINING?								
ARRIVAL FLIGHT INFORMATION								
AIRLINE & FLIGHT#		DATE OF DEPARTURE	TIME OF DE	PARTURE	NAME OF DEPARTURE AIRF		PORT	
CONNECTING AIRLINE & FLIGHT #		TIME OF ARRIVAL	TIME OF DE	PARTURE	NAME OF DEPARTURE AIRPO		PPORT	
CONNECTING AIRLINE & FLIGHT #		TIME OF ARRIVAL	TIME OF DEPARTURE NAME OF DEPARTURE A		EPARTURE AIR	PORT		
FINAL ARRIVAL DATE & TIME			IS THE CADET TRAVELING IN THE UNACCOMPANIED MINOR PROGRAM? REFER TO THE AIRLINES WEBSITE FOR GUIDENCE. (Y) (N)					
DEPARTURE FLIGHT INFORMATION								
AIRLINE & FLIGHT#		DATE OF DEPARTURE	TIME OF DEPARTURE N		NAME OF D	NAME OF DEPARTURE AIRPORT		
AIRLINE & FLIGHT #		DATE OF ARRIVAL	TIME OF AR	RIVAL	NAME OF ARRIVAL AIRPORT		रा	
FINAL DESTINATION A	IS THE CADET TRAVELING IN THE UNACCOMPANIED MINOR PROGRAM? REFER TO THE AIRLINE'S WEBSITE FOR GUIDENCE. (Y) (N)							
WILL CADET REQUIRE	(Y)	(N))	IF NO ANSV	WER THE QUESTION BELOW			
WHO IS TRANSPORTING CADET HOME?								
ADDITIONAL COMMEN	ITS:							