|  |  |  |
| --- | --- | --- |
| U.S. NAVAL SEA CADET CORPSU.S. NAVY LEAGUE CADET CORPS | TALL SHIP TRAINING - PICTON CASTLETRANSPORTATION FORM 2015 | ALL FIELDS MUST BE COMPLETED IN THEIR ENTIRETY |
| **INSTRUCTIONS:**  **1. FILL OUT TRANSFORMATION FORM.** **2. FORWARD TO LT DEBBIE TREACY WITH APPLICATION PACKET/ AND PUT A COPY IN THE MANILA ENVELOPE ALONG WITH A COPY OF ALL FORMS FROM THE RIGHT SIDE OF YOUR SERVICE JACKET**  |
| 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** | **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]****PHILADELPHIA INTERNATIONAL** |
| **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]** |
| **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 Battleship NJ** |
| **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 Battleship NJ** |
| **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:**

|  |
| --- |
| **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 AND DEPARTURE FROM THE TALL SHIP TRAINING ON THE PICTON CASTLE.** |

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

|  |
| --- |
|  |