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| 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:**

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

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

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