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| U.S. NAVAL SEA CADET CORPSU.S. NAVY LEAGUE CADET CORPS | SHIPBOARD TRAINING – BATTLESHIP NJTRANSPORTATION FORM 2015 | ALL FIELDS MUST BE COMPLETED IN THEIR ENTIRETY |
| **INSTRUCTIONS:**  **1. PREPARE THIS FORM FOR ALL CADETS ARRIVING FROM OTHER STATES.** **2. FORWARD ORIGINAL TO LCDR LAURA KUSISTO / AND PUT A COPY TO THE SERVICE RECORD**  |
| 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]****PHILADEPHIA INTERNATIONAL** |
| **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 AT THE SHIPBOARD TRAINING AT THE BATTLESHIP NJ (BB-62)** |

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

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\*\*\*PLEASE SCHEDULE FLIGHTS TO ARRIVE AND DEPART PHILADELPHIA INTERNATIONAL AIRPORT BETWEEN: 11 AUG – ARRIVE - EARLIEST FLIGHT POSSIBLE - 0700 - 1100

 16 AUG – DEPART – 1700 OR AFTER (THIS ALLOWS 2 HRS REQUIRED BEFORE

 FLIGHT)

\*\*\*\*AMTRAK TRAINS SCHEDULE: 11 AUG – ARRIVE – 0700 – 1100

 16 AUG – DEPART – 1600 OR LATER