

CADET TRANSPORTATION FORM

NAME OF CADET BEING PICKED UP (PLEASE PRINT SURNAME, GIVEN NAMES)

COURSE TITLE

CORPS/SQUADRON NUMBER

CORPS/SQUADRON LOCATION

WILL REQUIRE TRANSPORTATION HOME

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WILL NOT REQUIRE TRANSPORTATION HOME
(THEY WILL BE PICKED UP FROM CTC)

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PICKUP DATE:

NAME OF PERSON PICKING UP THE CADET

RELATIONSHIP TO THE CADET

STREET ADDRESS

CITY, PROVINCE & POSTAL CODE

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TELEPHONE NUMBER

SIGNATURE OF PARENT/GUARDIAN

PLEASE PRINT NAME

DATE