Central Region Cadet Training Centres Course Cadet Joining Instructions Annex E



CADET TRANSPORTATION FORM

| NAME OF CADET BEING PICKED UP (PLEASE PRING SURNAME, GIVEN NAMES) | | |
|---------------------------------------------------------------------------|-------------------|-------------------------|
| COURSE TITLE | | |
| CORPS/SQUADRON NUMBER | | CORPS/SQUADRON LOCATION |
| WILL REQUIRE TRANSPORTATION HOME | | |
| WILL NOT REQUIRE TRANSPORTATION HOME (THEY WILL BE PICKED UP FROM CTC) | | |
| PICKUP DATE: | | |
| | | |
| NAME OF PERSON PICKING UP THE CADET | | |
| RELATIONSHIP TO THE CADET | | |
| STREET ADDRESS | | |
| CITY, PROVINCE & POSTAL CODE | | |
| () TELEPHONE NUMBER | | |
| | | |
| SIGNATURE OF PARENT/GUARDIAN | PI FASE PRINT NAM | IF DATE |

E-1/1 Revised March 2018