



**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

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

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
DATE