|  |
| --- |
| **Remarks:*** Please fill in the yellow & blue fields only.
* Fill in 1 form for both representatives.
 |
|

CADET 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity untilDD MM YYYY |
|  |  |  |  |

|  |  |
| --- | --- |
| Branch of Service (if available) | Sending institution |
|  |  |
|

|  |  |
| --- | --- |
| Phone number (include country code) | E-mail address |
|  |  |
| Special dietary or food requirements due to medical or religious reasons | **If yes**, please specify food you cannot consume |
| No | Yes |  |
|  |  |

|  |
| --- |
| Insert below your picture (preferably a passport picture) – preferably in jpg-format **or** attach the picture to the mail. |
|  |

CADET 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birthDD MM YYYY | Nationality | Passport or ID number | Passport or ID validity untilDD MM YYYY |
|  |  |  |  |

|  |  |
| --- | --- |
| Branch of Service (if available) | Sending institution |
|  |  |
|

|  |  |
| --- | --- |
| Phone number (include country code) | E-mail address |
|  |  |
| Special dietary or food requirements due to medical or religious reasons | **If yes**, please specify food you cannot consume |
| No | Yes |  |
|  |  |

|  |
| --- |
| Insert below your picture (preferably a passport picture) – preferably in jpg-format **or** attach the picture to the mail. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Arrival atRiga International Airport (RIX) | Other(please specify) | On (arrival date)DD MM YYYY | At (arrival time[if available]) |
|  |  |  |  |
| Departure fromRiga International Airport (RIX) | Other(please specify) | On (departure date)DD MM YYYY | At (departure time[if available]) |
|  |  |  |  |

|  |
| --- |
| Please fill in your institution’s point of contact’s (POC’s) data below. |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |
| POC’s phone number (include country code) | POC’s e-mail address |
|  |  |
| In case of emergency, please give the point of contact (POC). |
| Male | Female | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |
| POC’s phone number (include country code) | POC’s e-mail address |
|  |  |

**Return NLT March 07**

|  |
| --- |
| Ms. Santa Sabļina |
| Tel: +371 29330842 |
| E-mail: santa.sablina@mil.lv  |