|  |
| --- |
| **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 birth  DD MM YYYY | | Nationality | Passport or ID number | | Passport or ID validity until  DD 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 birth  DD MM YYYY | Nationality | Passport or ID number | Passport or ID validity until  DD 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 at  Riga International Airport (RIX) | Other  (please specify) | On (arrival date)  DD MM YYYY | At (arrival time [if available]) |
|  |  |  |  |
| Departure from  Riga 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 October 23**

|  |  |
| --- | --- |
| Ms. Gundega Zande |  |
| [Tel: +37127857702](mailto:Tel:%20+372) |  |
| E-mail: [gundega.zande@mil.lv](mailto:gundega.zande@mil.lv) |  |