

**COMMANDANT OF CADETS  
LEADER'S TRAINING COURSE 2009  
VISITATION REQUEST  
(502-624-0114/Fax 502-624-0115)**

**SECTION I**

VISITOR'S NAME: \_\_\_\_\_ RANK (Civ, LTC, Ret etc): \_\_\_\_\_

IF AT CAMP: COMMITTEE: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_

CONTACT NO.: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

REGION: \_\_\_\_\_ BRIGADE: \_\_\_\_\_

DATE/TIME OF VISIT: \_\_\_\_\_

VISITING CADET: YES NO VISITING TRAINING SITE: YES NO

CADET(S) TO BE VISITED: \_\_\_\_\_ CADET'S COMPANY: \_\_\_\_\_

RELATIONSHIP TO CADET(S): \_\_\_\_\_

DO YOU PLAN TO TAKE CADET(S) OFF POST?: YES NO

**NOTE:**

- 1. PMS' TAKING CADETS OFF POST MUST RECEIVED BRIEFING FROM THE CMDT OF CDTS PRIOR.**
- 2. CADETS PICKED UP BY ROTC CADRE OTHER THAN CADET'S SCHOOL CADRE MUST COORDINATE WITH CADET'S PMS FOR APPROVAL.**

DO YOU REQUIRED ANY SPECIAL ASSISTANCE(i.e. Handicap etc.) YES NO

REASON FOR VISIT:

---

---

---

SPECIFIC SITE VISITS (i.e. Training, Ranges, Camp Committee etc.):

---

---

---

**SECTION II**

RECEIVED BY ADMIN: \_\_\_\_\_

REVIEWED BY DEP CMDT: \_\_\_\_\_

CMDT OF CDTS: \_\_\_\_\_

APPROVED

DISAPPROVED

REASON IF DISAPPROVED:

---

---

---