

## **Tribal E-Enterprise Flight Request Form**

A STATE OF THE STA	Name:	(Last) (First)	(Middle)	
Fr. 6, 1839	Email:	(Lust) (First)	(Middle)	
	Phone Number:			
	Home Address:			
	(Street, Apt Number, etc.)			
		(City) (St	ate) (Zip)	
	Traveler Date of Birth:			
<b>Emergency Contact Information:</b>				
Name:	Phone Number:			
Purpose o	of Travel:			
	on of Travel:			
		(City)	(State)	
Travel Da	tes: <u>Departure</u> Date:		<u>Return</u> Date	:
Preference		First Choice:		Second Choice:
> Preferre	ed <u>Departure</u> Airport:			
➤ Preferred <u>Return</u> Airport:				
> Seat Preference:				
> <u>Departi</u>	ure Time Preference:			

If there is a specific flight that the traveler would like Cherokee Nation to take into consideration when booking please indicate the **flight number**, **flight times** and **airport information** below:

## **Comments:**

> Return Time Preference:

Please Email Completed Form to Chelsea Jones at Chelsea-Jones@cherokee.org

Flight guidelines can be found HERE