



E-Enterprise Flight Request Form

Name: _____
(Last) (First) (Middle)

Home Address: _____

(City) (State) (Zip)

Telephone Number: _____

Email: _____

Travelers Date of Birth: _____

Emergency Contact Information:

Name: _____ Phone Number: _____

Travel Dates:

Departure Travel Date: _____ Return Travel Date: _____

Destination (City, State, Airport Preference) _____

Purpose of Trip _____

Travel Preferences	First Choice	Second Choice	Third Choice
Preferred Departure Airport			
Preferred Return Airport			
Seat Preference (Aisle, Window or Middle)			

Flight Time Preferences	AM	PM
Arrival		
Return		

**** ALL PREFERENCES WILL BE TAKEN INTO CONSIDERATION, BUT NOT GUARANTEED

Additional Comments:

PLEASE EMAIL COMPLETED FORM TO JASON WHITE & CHELSEA JONES

Jason-white@cherokee.org & Chelsea-jones@cherokee.org