

TRANSPORTATION REQUEST
2016 SUPREME COUNCIL ASSEMBLY
NORFOLK INTERNATIONAL AIRPORT ONLY (ORF)

NAME: (PRINT) _____

ARRIVAL: (DATE & DAY) _____ TIME: _____

AIRLINE: _____ FLIGHT #: _____

HOW MANY SUITCASES: _____

DEPARTURE: (DATE & DAY) _____ TIME (Leaving hotel): _____
(Allow two hours before your flight)

AIRLINE: _____ FLIGHT #: _____

HOW MANY SUITCASES: _____

SEND REQUEST TO:
(Must be received by June 18, 2016)

Robert O. Thompson, Jr.
6050 Knotts Neck Road
Suffolk, VA 23435-1927
(757) 418-2717
Email: hilndr48@aol.com

A donation of \$10.00 per round trip would be appreciated