



UNACCOMPANIED ADVICE FORMS (5-14 YRS)

NAME _____ AGE _____ FLT. No. _____ DATE _____

NAME _____ AGE _____ FLT. No. _____ DATE _____

NAME & ADDRESS: DEPARTURE STATION _____

PARENT/GUARDIAN: _____

TELEPHONE: (H) _____ (W) _____ (C) _____

DESTINATION STATION: _____

AGENT NAME AND ID# _____

DEPARTURE STATION _____

AGENT NAME AND ID# _____

DESTINATION STATION _____

PARENT/GUARDIAN SIGNATURE: _____

DEPARTURE STATION _____

PARENT/GUARDIAN SIGNATURE: _____

DESTINATION STATION _____

RECEIPT # _____

NB: Whenever flights are delayed, the Manager or Supervisor is responsible to contact the parent or Guardian. Parent or Legal Guardian MUST accompany the unaccompanied minor to the Bahamasair check in station.