## PERMISSION TO TRAVEL

Student Name_			email		
Host Rotary Club			Host Parents		
YE Club Chair			Email		
Purpose of Tra	<u>vel</u> : (travel with ho	st family,	vacation, Rotary trip etc	:.)	
Itinerary:					
Date of departure Do		ite of return	Mode of travel		
If by air, list a	irlines & flight nun	nbers			
			(s) traveling with studen		
1				(705)	
2					
•					
Provide Followi	ing Info On Locat	ions Wher	e You Will Be Staying:		
	_		•		
	:				
PHONE:					
APPROVALS: (a	s required - see ch	art above)	:		
•	- Approved [ ] yes				
			Signature	Print Name	
YE Club Chair	-Approved[]yes	[ ] no:		0:	
Parents	-Approved[]yes	[ ] no:	Signature	Print Name	
rurents	-Approved [ ] yes	[ ] 110.	Signature-Father	Print Name	
Parents	-Approved [ ] yes	[ ] no:			
	,		Signature-Mother	Print Name	
This form may be se	mpleted in counterparts.				
•	•	ons who must o	approve, please forward all counte	rparts to District YE chair for review , approval if	
required	3 3 1,				
VE 5	4 15 3				
YE District Chair	r -Approved[]yes	[ ] no:	Signature	Print Name	
	- Not required	[]	Signature	rimt Name	
	1401 1 Equil Eu	LJ	Date:		
If Travel is NOT	Γ Approved, the reas	on is:			
Following the procestudent.	essing of this form by	the District	Chair, a copy will be forwarde	d to both the Youth Exchange Club Chair and the	
STUUEIII.					
Date sent to YE Club Chair			Date sent to Studen	<u> </u>	