

Permission for International Travel

(For applicants under the age of 18)

Applicant's Name: _____ **Trip Dates:** _____

Name and contact information of parent(s) or legal guardian(s)

Name: _____ Relationship to student: _____
Last First

Address: _____ Apt #: _____
Street address

_____ Phone: _____
City State Zip

Name: _____ Relationship to student: _____
Last First

Address: _____ Apt #: _____
Street address

_____ Phone: _____
City State Zip

I/We hereby give permission for my/our son/daughter _____
Applicant's full name

to travel to Haiti from _____ to _____
Dates of mission trip, including travel days; month/day/year TO month/day/year

accompanied by the following adults (please list, if applicable):

Signature of Parent/ Guardian Date

Printed Name

Signature of Parent/ Guardian Date

Printed name

Please complete and mail a copy to:

NWHCM Travel Department
7271 Mayflower Park
Zionsville, IN 46077

You must also keep a copy to carry with you while traveling.

Applications will not be processed until this form has been received.