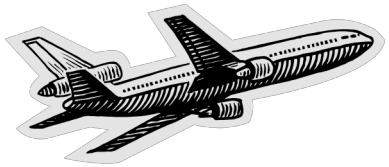
Saint Paul Catholic Church

Minor Travel Release



_____

First Name *Middle Name* *Last Name* *Title*

_____

Street Address

_____

City *State* *Zip*

_____

Home Phone *Work Phone* *Cell Phone*

I/We give my/our permission for my/our child to travel to Honduras with the Saint Paul Catholic Church group under the supervision of the church designated trip leader from _____ to _____.

Father/Guardian _____

Print Name *Signature* *Date*

Mother/Guardian _____

Print Name *Signature* *Date*

*** Parental consent is to be provided by both parents if the volunteer is under age 18 at the time of the trip, even in the case of divorce except when one parent has sole custody.**

Signature(s) Witnessed by Notary Public

State of Maryland, County of _____

Sworn and subscribed to before me this _____ day of _____, 20_____

Notary Public: _____ My Commission expires: _____