

Trip destination _____

Trip dates ____/____/____ to ____/____/____

Team ID number _____



PARENTAL RELEASE FORM

TO WHOM IT MAY CONCERN;

This is to acknowledge that _____ has my/our permission to travel to the Dominican Republic as a member of the Project Team sponsored by VisionTrust International.

It is our understanding that project team leaders of VisionTrust International will provide the care and supervision for our son/daughter during this time of travel out of the USA.

Signature of parent or guardian

Witness

Date

Signature of parent or guardian

Witness

Date

*Please sign and enclose with application. Return to VisionTrust International, ATTN: Service Teams, PO Box 50524, Colorado Springs CO 80949