

Mission Project Name
Dates X – Y, 200Z

Permission to participate form for high school students

Please return this form and a deposit for \$250.00() no later than _____ to your Parish coordinator. Checks should be made payable to your Church*

I/We give our daughter/son permission to join the collaborative _____ team, being co-sponsored by our parish, _____.

This permission form confirms that the leaders of the _____ team can proceed with purchasing an airline ticket and making all other arrangements for our child to attend.

Participants Name: _____

Participants Passport Name: _____

Signature of Participant: _____

Parent(s) Name(s): _____

Signature of Parent(s): _____

Date Signed: _____

Primary Mailing Address for Parent/Participant:

Street: _____ City: _____

(H) Phone: _____ Zip Code: _____

(W or Cell) Phone: _____