## **Middle Tennessee Mission Outreach**

## **January 202 Trip Minor Travel Permission Form**

I,	(Print Full Name), give permission for my		
		the country of Honduras during the mont form has permission to accompany my	th
•		tes. I also certify that I, my child and the	1
		zens. I fully expect my child to return to t	
United States at the end of		, ,	
Address of person giving	permission to trav	vel:	
City:	State:	Zip Code:	
Phone Number of person	giving permission	n to travel: ( )	
Relationship of minor to p	erson that is givir	ng permission to travel:	
Full name of minor that is	traveling:		•
Address of minor that is tr	aveling:		
City:	State:	Zip Code:	
Birth date of minor that is	traveling:		
Name of person accompar	nying minor:		
Address of person accom	panying minor:		-
City:	State:	Zip Code:	
Relationship of person accor	npanying minor to រុ	person giving permission to travel:	
Signature of person giving	g permission for n	minor to travel:	
Date:	Printed Name	e:	
Notary Public Signature:_		Printed Notary Name:	<u> </u>
Dated:	My Commissio	on Expires:	