



PARENTAL CONSENT FORM**

I/We, _____ and _____,
parents of _____ give our permission to SCORE International to
travel to The Dominican Republic on these specified dates, March 15 - 21, 2020
with our child/children. The team leader / chaperone that will act as the responsible party for our child /
children while on this trip is Julie Rye.

Parent Name (Printed): _____

Parent Name (Signed): _____

Date: _____

Parent Name (Printed): _____

Parent Name (Signed): _____

Date: _____

Date: _____

THESE SIGNATURES MUST BE NOTARIZED

_____, Notary Public

My Commission Expires _____

SEAL

County Hillsborough State Florida

****THIS FORM IS TO BE CARRIED WITH YOU ON YOUR TRIP.**