



TRAVEL RELEASE FORM HSP OFFICE USE ONLY
To: _____ Date: ____ / ____ / ____

Please advise natural parents of student's travel and confirm natural parent(s) and/or legal guardian(s) permission and signature(s). Please return this form as soon as possible. Thank you.

Council for Educational Travel, USA
5300 Northland Dr. NE, Box 11
Grand Rapids, MI 49525
Phone: 888-238-8721
Fax: 616-365-9941
e-mail: ayp@cetusa.org

THIS FORM IS REQUIRED BY THE AYP OFFICE 2 WEEKS IN ADVANCE OF ALL STUDENT TRAVEL FOR MORE THAN 2 NIGHTS WITH THE HOST FAMILY OR ANY OTHER TRAVEL MORE THAN ONE NIGHT. IF REQUEST IS NOT TIMELY TRAVEL MAY BE DENIED. PLEASE REFER TO THE TRAVEL POLICIES IN CETUSA HANDBOOKS FOR TRAVEL RULES.

Travel Plans for: **2009 CETUSA SKI & SNOWBOARD TRIP**

Student's Name Student # _____

The student will be traveling to: **FLATHEAD VALLEY, MONTANA**

This trip is supervised by: **CETUSA**

This trip will cost the student: \$ **\$550.00** Dates of travel: **12/26/2009** through **12/30/2009**

Mode of transportation: .. Car .. Bus .. Train .. Plane

Student will stay with/at: **CETUSA SKI & SNOWBOARD CAMP**

Address: _____ Phone #: **(888) 238-8720**

STATESIDE TRAVEL LIABILITY RELEASE - to be completed by Student, Coordinator, Host Family and School
I hereby request permission from my host family, my Coordinator, CETUSA and my school for the above travel. I hereby confirm that I fully understand that during the period mentioned, I am responsible for any and all expenses and travel arrangements. I hereby agree to indemnify and hold harmless the CETUSA Corporation, its officers and staff, all CETUSA representatives domestic and international, and the Host Family current and past.

Student's Signature: _____ **Date:** ____ / ____ / ____

Coordinator's Signature: _____ **Date:** ____ / ____ / ____

Host Family Signature: _____ **Date:** ____ / ____ / ____

Host Family Name: _____ Phone #: () ____ - _____

Address: _____ City: _____ State: _____ Zip: _____

SCHOOL APPROVAL

As the official of _____ High School, I hereby approve the above travel plans. I authorize the student's absence from school (if applicable).

School Official's Signature: _____ **Date:** ____ / ____ / ____

NATURAL PARENT'S TRAVEL LIABILITY RELEASE - to be obtained/transmitted by the CETUSA HSP office
I hereby request permission from my natural parent's for the above travel. I hereby confirm that I fully understand that during the period mentioned, I am responsible for any and all expenses and travel arrangements. I hereby agree to indemnify and hold harmless the CETUSA Corporation, its officers and staff, all CETUSA representatives domestic and international, and the Host Family current and past.

Natural Parent's Signature: _____ **Date:** ____ / ____ / ____

PLEASE NOTE - If you are traveling outside the United States: You may need a Visa for the country/countries you are visiting. Please contact the appropriate Consulate for Visa requirements. This is your responsibility. Your DS-2019 must be forwarded via certified mail to the Grand Rapids office 2 weeks prior to your travel for signatures. Failure to follow these procedures could result in your not being able to re-enter the United States.