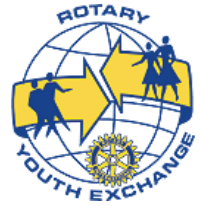




**Rotary Youth Exchange
DISTRICT 6250
TRAVEL REQUEST – INBOUND STUDENTS
FOR OVERNIGHT TRAVEL OUTSIDE OF STATE**



Student Name: _____ **Club:** _____ **Date:** _____

Student Phone: _____ **Student Email:** _____

Destination(s): _____ **Dates of Travel:** _____ **Phone Number (where you can be reached):** _____

Person(s) in Charge: _____ **Others Traveling with you:** _____ **Rotary Approved:**
 Yes No

Places you will be staying: (attach additional pages if needed.) If travel is by air, attach airline itinerary.

Purpose of Trip: _____

Written permission received from natural parents? Yes No

Has the student notified the school about this absence? Yes No

Host Parent Signature Required: _____ **Host Parent Name (print):** _____

YEO/YEC Name (Please Print): _____ **YEO/YEC Phone Number:** _____

YEO/YEC Signature Required: _____ **YEO/YEC Email:** _____

Complete the part above this section and mail, email, or fax form to the Inbound Coordinator
Toni Pabon • 810 Brook Street • DeForest, WI 53532
toni.pabon@charter.net • Fax: 608-268-8366

This section is to be completed by the inbound coordinator. Allow at least 5 days for District Approval.

Date: _____ **Trip Approved:** Yes No

Comments:

Signature of Inbound Coordinator:
