



TRAVEL REQUEST FORM ROTARY DISTRICT 9650



This form is to be completed for all unaccompanied travel and travel out of District 9650 by Inbound students. This form is required to comply with D9650 travel rules and insurance requirements.

Student's Name: _____	
Travelling with: _____	
Reason for Travel: _____	
Dates for Travel: _____	Mode of Travel: _____
Name of person you are staying with: _____	
Address where you are staying: _____	
Are they a Rotary Family? _____	Telephone contact No: _____
If travelling alone:	
Who will see you off? _____	Who will meet you? _____
Student's signature: _____	Date: _____

Current Host Parents: _____	
Address: _____	
Telephone: _____	Fax: _____
e-mail: _____	Date: _____
Permission of Host Parents: YES/ NO. _____ SIGNED: _____	

Host Club: _____	
President's Name: _____	Date: _____
Permission of Club President: YES/NO. _____ SIGNED: _____	
Club Counsellor's Name: _____	Date: _____
Permission of Club Counsellor: YES/NO. _____ SIGNED: _____	

Please fax or email a completed scanned copy to your District Counsellor

YEP Counsellor's Recommendation: APPROVE / DISAPPROVE	
District Counsellor's Signature: _____	Date: _____
YEP Chairs Recommendation: APPROVE / DISAPPROVE	
YEP Chairs Signature: _____	Date: _____

**THIS REQUEST FORM IS TO BE SENT IN AT LEAST THREE DAYS
BEFORE DEPARTURE**