

Dance Team Interstate Travel Permission Form

Team & Event Information

Dance Team Name

Event Name

Event Location (City, State)

Event Date(s)

Student Information

Student Name

Grade

Parent/Guardian Name

Permission & Emergency Contact

Emergency Contact Name

Relationship

Emergency Contact Phone

Additional Medical/Allergy Information

By signing below, I give permission for my child to travel out of state with the above Dance Team and its coaches/chaperones for the event listed above.

Parent/Guardian Signature

Date