



Team Swift

P.O. Box 103 | Fulton, CA 95439 | www.teamswift.org

Junior Cycling Development Program

Name of Minor

**Parent or legal Guardian
Name(s):**

Address of Signer:

**Additional Contact
Information Includes:**

Destination(s) of Travel:

**Length and Dates
of Stay:**

LETTER OF TRAVEL CONSENT

(Less than 18 years of age at time of travel):

_____ Relationship: _____

_____ Relationship: _____

(name and phone #)

(name and phone #)

Travel Information

As Legal Guardian of _____
(rider name)

I _____ give Laura Charameda
(guardian name)
authorized permission to travel as an adult for the above dates and destinations.

Signature of Parent or Legal Guardian

Date Signed

Important Addition: You need to have this document notarized and the Certificate of Acknowledgement of Notary Public Attached.