



## STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

### 2016 Summer Program TRAVEL RELEASE FORM

This form must be completed and submitted to state coordinator **in advance** of all student travel more than two nights away from host site.

<b>Delegate Name:</b>			
<b>Trip Destination:</b>		<b>Trip Purpose:</b>	
<b>Trip Supervised by:</b>		<b>Cell #:</b>	
<b>Trip Dates:</b>		<b>Cost to student:</b>	
<b>Contact Information (additional cell phone numbers/addresses, etc):</b>		<b>Mode of transportation:</b>	<input type="checkbox"/> car <input type="checkbox"/> bus <input type="checkbox"/> train <input type="checkbox"/> airplane
<b>BRIEF Itinerary:</b>			

**Host Family & State Coordinator Approval (Required)**

**Host Family Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature of Host Family:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of State Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_