

**TRAVEL REQUEST FORM  
ROTARY DISTRICT 9640**

To be completed if the exchange student leaves his/her host family home for **more** than one night.

Current Host Parents: _____	
Address: _____	
Telephone: _____	Fax: _____
e-mail: _____	Date: _____
<b>Permission of Host Parents: YES/ _____ <u>SIGNED:</u> _____</b>	
Student's Name: _____	
Travelling with: _____	
Reason for Travel: _____	
Dates for Travel: _____	Mode of Travel: _____
Where are you staying? Address: _____	
Are they a <b>Rotary</b> Family? _ _____	Telephone contact No: _____
Name of person responsible: _____	
<b><u>Student's signature:</u></b> _____	Date: _____

To be completed if spending **more** than one night away from your town but within the district.

Host Club: _____	
Club Counsellor / President's Name: _____	
Address _____	
<b>Permission of Club Counsellor: YES/NO. _____ <u>SIGNED:</u> _____</b>	

**District Counsellor Approval is required if travelling outside the District.**

**Please fax to your District Country Counsellor or post to PO Box 4285, Ashmore Qld 4214**

District Counsellor's Recommendation: **APPROVE / DISAPPROVE**

Dist. Counsellor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YEP Chair Approval is required if travelling outside the District.**

**Please fax to Mal Strachan Fax 07 55278699 or post to PO Box 4285, Ashmore Qld 4214**

YEP Chairs Recommendation: **APPROVE / DISAPPROVE**

YEP Chairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS REQUEST FORM IS TO BE SENT IN AT LEAST THREE DAYS  
BEFORE DEPARTURE.  
THE DISTRICT CHAIRMAN HAS THE RIGHT TO REFUSE TRAVEL**