

CONSENT FORM – EXPRESSION OF INTEREST

We,			and				
as	parents/legal				that	our	son
			with ID No		ha	s permiss	sion to
parti	icipate in all orga	anised activiti	es during the	e Italy – R e	ome Juk	oilee of	Hope
betv	veen 28 th July and	d 4 th August,	which will co	st between	€750 an	d €800.	
Mat	ters to be noted						
•	We understand	and commit	to detailed c	onsent form	ıs, which	will be s	signed
	later on includir	ng use of mob	ile, medical a	uthorisations	s etc.		
•	We understand	that the stude	ent can travel	freely as per	any lega	l docum	ents.
•	We understand	that the Augu	ıstinian Friars	accompanyi	ng our so	on reserv	es the
	right to request	further inforr	mation and do	o meetings v	with pare	nts befo	re this
	visit.						
Thro	ough this express	sion of intere	est, we confi	rm that the	Maltes	e Augus	tinian
Prov	ince will book th	e flights of o	ur son and g	ive consent	with reg	jards to	GDPR
for t	the necessary boo	kings.					
D 4 D-		O. CLIDNIANAE.					
	TICIPANT'S NAME						-
PAR	TICIPANT'S PASSP	ORT NUMBER	·				-
FATH	HER'S / GUARDIAN	I'S NAME & S	URNAME:				
Sign	ature						
MOI	THER'S / GUARDIA	N NAME & SI	JRNAME:				
Sign	ature						
Date	2:						