

**District 6440**  
**Travel Request Form**

Overnight travel outside District 6440 requires prior approval. Forward completed form (and any related travel documentation) at to travel to [RYE.Chair@rotary6440.org](mailto:RYE.Chair@rotary6440.org) Send in advance of travel by:

- 1 week prior if traveling with host families.
- 3 weeks if traveling by air bio-parent/guardians written approval is required. Approval attached.
- 3 weeks If staying without host families, adults with you are required to be vetted with criminal background checks.

Student's Name \_\_\_\_\_ Travel Dates: \_\_\_\_\_ to \_\_\_\_\_.

Names of who is going on the trip

Adult (over 18) Name : \_\_\_\_\_ Cell # \_\_\_\_\_

Adult (over 18) Name : \_\_\_\_\_ Cell # \_\_\_\_\_

Children Names : \_\_\_\_\_

What are the activities you plan/hope to do on this trip: \_\_\_\_\_

Who are you planning to meet up with on the trip: \_\_\_\_\_

Are any of the people going or being met on the trip from the student's home country:  yes  No. If yes, please identify who that is: \_\_\_\_\_

Where are you going (town, state, country) \_\_\_\_\_

Please list the lodging type (someone's home, hotel, other lodging rental), establishment name, address, phone #: \_\_\_\_\_

How are you getting there (car, train, flying): \_\_\_\_\_

Who is paying for this trip: \_\_\_\_\_

Host Family Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

To be completed by Club YEO or President:

Is the student making adequate effort at school:                    yes                    No  
 Is the student making adequate effort with host family:                    yes                    No  
 Student compliance with RYE program guidelines:                    excellent                    Good                    Fair                    Poor  
 (Students not meeting these above expectations might be denied special trips).

Club YEO or President name \_\_\_\_\_ Phone: \_\_\_\_\_

Club YEO or President approval signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Request reviewed by:  Inbound Coordinator  District Rotary Youth Exchange Chair

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  approved  not approved

Comments: \_\_\_\_\_