

INTERNATIONAL TRAVEL INFORMATION

Use one page per trip

PARISH NAME: _____

CITY: _____

COUNTRIES BEING TRAVELED TO:

APPROXIMATE DATE OF TRAVEL: _____

NUMBER OF PERSONS ON TRIP: _____

NUMBER OF PERSONS UNDER AGE 18 INCLUDED ABOVE _____

LENTH OF TIME OUT OF COUNTRY: _____

WHO IS THE SUPERVISOR(S) OF THIS TRIP: _____?

ARE THERE MINORS WHO ARE NOT ACCOMPANIED BY THEIR PARENTS OR GUARDIANS? _____

HAVE SUPERVISORS AND/OR PARENTS BEEN THROUGH PROTECTING GOD'S CHILDREN IF THERE ARE MINORS: _____

DO YOU NEED A SAMPLE RELEASE FORM? _____

COMPLETED BY: _____

(Must be the pastor, director or authorized employee)

DATE COMPLETED: _____

FAX TO: INURANCE OFFICE 217-698-8282

E-MAIL TO: djames@dio.org

MAIL TO: INURANCE OFFICE

PO BOX 3187

SPRINGFIELD, IL 62708-3187