

Southampton Player ID Tour Travel Consent Form

To Whom It May Concern:	
l/We,	
)/Legal Guardian(s)) am/are the lawful custodial parent and/or t(s) or legal guardian(s) of:
Child's full name:	Date of
Birth:	
Birth:	U.S. Passport
Number:	
Issuance of U.S. Passport:	
	Full Name) has my/our consent to travel with the following
chaperones from Elite Tournaments and Southamptor (<i>Date of Tour</i>).	n Football Club to Southampton, UK, during the period of:
	ne Name- Parent/Guardian Traveling)
Kiley Graham ,(Chapero	ne Name- Elite Tournaments)
Megan Ditchman ,(Chapero	ne Name- Elite tournaments)
During that period,	(Child's Full Name) will be residing with Southampton
Football Club's Player ID Program at the following add	ress:
lumi'a lan Cauthamantan	
Jury's Inn Southampton	
Charlotte Pl, Southampton	
SO14 OTB, UK +44 23 8037 1111	
Parent(s) or	Legal Guardian(s)
Guardian One (print name):	Signature:
	Date:
Guardian Two (print name):	Signature:
	D. I.