Seventh-day Adventist Church - Quebec Federation
940 Ch. Chambly
Longueuil QC J4H 3M3
(450) 651-5222
www.sdaqc.org

August 1, 2024

CANADIAN CUSTOMS OFFICERS
TO U.S. CUSTOMS OFFICERS

Sir/Madam,

I, We, _____ and

full name(s) of parent(s)

_____,

full name(s) of parent(s)

resident(s) at the following address(es)_____

_____

Nº , street, city, province, postal code

_____

is the parent(s), guardian(s) of the following child:

Child information

Nom : _____

Child's full name

Date and place of birth : ___/___/_____ _____

dd/mm/yyyy City, province, country

Passport number: _____

Number

Date of passport issue: _____/_____/_____

dd/mm/yyyy

Issuing authority: _____

Country of passport issue

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Accompanying person's details (include club manager's name)

I / We authorize the child to travel with
Nom : _____

Full name of club manager

Relationship of this person to the child : _____
Passport number: _____

Number

Date of passport issue: _____/_____/_____

dd/mm/yyyy

Issuing authority: _____

Country of passport issue

Contact details during the trip

I / We authorize the child to go to the following location :

Location: ___USA_____

Name of destination country

Travel date: departure ___/___/_____ return ___/___/_____

dd/mm/yyyy dd/mm/yyyy

To stay with : _____

name of the person with whom the child will be staying (name of the club director)

To the following address: 1635 Reata Dr, Gillette, WY 82718, USA

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Signatures

_____

Signature of person giving consent

Date: _____/_____/_____

dd/mm/yyyy

_____

Signature of person giving consent

Date: _____/_____/_____

dd/mm/yyyy

_____

Name of witness (pastor) in block letters

Date: _____/_____/_____

dd/mm/yyyy

_____

Signature of Witness (pastor)

_____

Club name

_____

Club Director's Name

_____

Signature of club's Director

Date: _____/_____/_____

dd/mm/yyyy