



Encounters Network

a ministry to the nations

AFFIDAVIT OF TEMPORARY GUARDIANSHIP CONSENT TO TRAVEL

TO BE COMPLETED BY PARENT(S) OR LEGAL GUARDIAN OF APPLICANT

I, (We) _____ and _____
(father) (mother)

of _____, do hereby grant TEMPORARY GUARDIANSHIP
(name of minor)

to _____. I further do hereby
(Adult Leader or, for youth traveling alone, please put Leon Hoover)

consent that my/our son/daughter travel to _____ with Encounters
Network for the period of time beginning at 12:00am on (departure date) _____
and continuing through 11:59 p.m. on (return date) _____.

Said named person shall have all the powers and authority over my/our son/daughter that I/we would have if I/we were present. Said person shall also have authority to send my child home, for any reason, upon telephone notification to me/one of us at my/our own expense.

_____/_____
(Parent Signature) (Parent Signature)

SUBSCRIBED AND SWORN TO THIS _____ DAY OF _____, 2005.

NOTARY PUBLIC My commission expires: _____

Please return this completed form to:
Harvest Time Encounters
309 Walnut Street, Jackson, TN 38301
email: Leon@encountersnetwork.com fax: 731.427.5908