



Minor Travel Consent

I. THE PARENT(S).

I/We, _____, am/are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

II. THE MINOR.

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Passport Number: _____

III. TRAVELING ALONE/ACCOMPANYING PERSON. (check one)

☐ I authorize my child to travel **with the following individual/organization:**

- Individual/Organization Name: FIRST STAMP, LLC

IV. ITINERARY.

I authorize my child to travel with First Stamp LLC during the period beginning on JUNE 17, 2026 and ending on JULY 1, 2026.

V. SIGNATURE(S).

Parent / Legal Guardian Signature: _____ Date: _____

Print Name: _____

Parent / Legal Guardian Signature: _____ Date: _____

Print Name: _____