

AUTHORIZATION

Authorization from a parent	t / legal representative for a guard	ian of a 0-17 year-old tro	aveler.
Child's Information			
Full Name			
Age			
Date of Birth			
Information about the trip			
Booking Number			
Ship	Departure Date	From	То
1			
2			
3			
Authorized Person			
Full Name			
Phone Number			
Date of Birth			
	ardian is responsible for taking care ire journey. The authorized person ing their own children).		
Parent/Guardian			
Full Name			
Phone Number			
Date of Birth			
Place and Date			
Parent/Guardian Signature	3		