Rotary District 5340 Interact Training Session

Parent Authorization Form

I, the undersigned, authorize my son/daughter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of student)

to participate in the Rotary District 5340 Interact Training Session

on September 24, 2016, from 8:30 AM to 4 PM, at the Liberty

Station Conference Center, 2600 Laning Road San Diego, Ca 92106

The event will be supervised by Rotarian Advisors and Teacher

Advisors. Transportation will be provided by parents of the

student or Advisor of the student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Parent Signature