

TO WHOM IT MAY CONCERN:

	(full name(s) of	
custodial and/or non-custodial pare	nt(s)/legal guardian(s)), am / are the lawful custod	ial parent and
/or non-custodial parent(s) or legal	guardian(s) of:	
Child's full name:		<u></u>
Place of birth:	Date of birth (DD/MM/YY):	
Passport issue date (DD/MM/YY): _	Passport number:	
Place of issue of passport:		_
I/ We give them permission to visit t	the United Kingdom during the period:	
from to	(dates of travel: departure and return).	
During that period,	(child's full name) will be on a residen	itial course
	oking number	
Address: Outward Bound Aberdove	ey Centre, Aberdovey, Gwynedd, LL35 0RA.	
Telephone: 0044 1654 767 464		
boards. Those arriving to Birmingha airport to the train station. The Outv from/to their arrival/departure gates	f escalators that lead down to exit doors under dep am Airport (BHX) may take the free air-rail monora ward Bound member of staff will NOT be escorting b. The Outward Bound bus departure time to Aberd	il from the
Ogwen Cottage will be dependent of	on the adventure booked.	
	on the adventure booked. nt letter can be directed to the undersigned at:	
Any questions regarding this conse		dovey or
Any questions regarding this conse Number/street address and apartme	nt letter can be directed to the undersigned at:	dovey or
Any questions regarding this conse Number/street address and apartme City, province/state, country:	nt letter can be directed to the undersigned at: ent number:	dovey or
Any questions regarding this conse Number/street address and apartme City, province/state, country: Telephone, mobile & fax numbers (nt letter can be directed to the undersigned at: ent number:	dovey or
Any questions regarding this conse Number/street address and apartme City, province/state, country: Telephone, mobile & fax numbers (Signature(s):	nt letter can be directed to the undersigned at: ent number: daytime and evening):	dovey or
Any questions regarding this conse Number/street address and apartme City, province/state, country: Telephone, mobile & fax numbers (Signature(s): (Full name(s) and signature(s) of customers)	nt letter can be directed to the undersigned at: ent number: daytime and evening): Date:	dovey or guardian(s))

Please note that this Letter of Consent does not automatically guarantee the problem-free immigration of minors travelling without the person legally exercising parental care over them. Please contact the nearest relevant Embassy for further guidance and/or requirements.