

USA Gymnastics TRAVEL

ONE TIME EVENT TRAVEL PLAN FOR ONE-ON-ONE TRAVEL

Date of submission for Consent to One-on-One Trav	/el:
Minor Athlete Name:	
Parent/Guardian Name:	
Adult Participant:	
USAG Member Club Name:	
Event Name/Location:	Event Date:
This supplemental proposed travel plan pro Participant as follows:	pposes Minor Athlete will have unsupervised One-On-One Contact with Adult
Date of departure:	Location of departure:
Method of travel:	
If Athlete and Unrelated Adult are flying, ple	ease provide:
Departure airline and flight number:	
Location and duration of layover(s) (if applicable):_	
Flight number(s) following layover(s):	
Returning airline and flight number:	
Location and duration of layover(s) (if applicable):_	
Flight number(s) following layover(s):	
If Athlete and Unrelated Adult are traveling	by car, please provide
Proposed route to event:	Anticipated arrival time:
Proposed return route:	Anticipated arrival time:
Parent/Guardian: Signature	Date:
Member Club: Name of Authorized Representative:	
Member Club: Signature	Date:
Adult Participant: Signature	Date: