



Letter of Parental Authorization for Minors travelling

Amisol ticket nr.:
Passport name:
Address:
Home phone:
Cell phone:

Email:
Gender:
Birthday:
Language:

We, the below mentioned legal parents/guardians of the above-mentioned traveler give hereby our permission for our son/daughter to travel without us.

Parent 1
Passport name:
Relation:
Address:
Home phone:
Cell phone:
Email:
Date + signature:

Parent 2
Passport name:
Relation:
Address:
Home phone:
Cell phone:
Email:
Date + signature:

Contact person at the destination, if the traveler travel alone:

Passport name:
Relation:
Address:
Home phone:
Cell phone:
Email:
Date + signature: