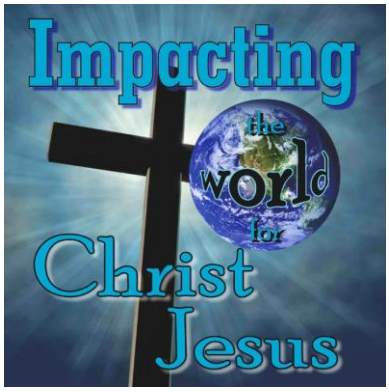
World Impact Trip Authorization Form



Student Name_____

Homeroom Teacher_____ Grade_____

Trip Name_____

Trip Date(s)_____

Total Cost_____ Deposit Amount _____

Total number of payments_____

By signing this form, I consent to having my account billed for this trip. The account will be billed according to the specifications stated above.

_____ _____

Signature Date