SUPPLEMENTAL ATTACHMENT: TRAVEL PLAN

Date of submission for Consent to One-on-One Contact: ____________________________

Minor Athlete Name: ____________________________

Parent/Guardian Name: ____________________________

Unrelated Participating Adult Name: ____________________________

USAG Member Club Name: ____________________________

Event Name/Location: ____________________________

Event Date: ____________________________

This supplemental proposed travel plan proposes Athlete will have unsupervised One-on-One contact with Unrelated Adult is as follows:

1. Date of departure: ____________________________

2. Location of departure: ____________________________

3. Method of travel: ____________________________

   i. If Athlete and Unrelated Adult are flying, please provide:

      1. Departure airline and flight number: ____________________________

         a. Seat numbers: ____________________________

      2. Location and duration of layover(s) (if applicable):

      3. Flight number(s) following layover(s): ____________________________

         a. Seat numbers: ____________________________

      4. Returning airline and flight number: ____________________________

         a. Seat numbers: ____________________________

      5. Location and duration of layover(s) (if applicable):

      6. Flight number(s) following layover(s): ____________________________

         a. Seat numbers: ____________________________

   ii. If Athlete and Unrelated Adult are traveling by car, please provide
1. Proposed route to Event: ________________________________

2. Anticipated arrival time: ________________________________

3. Proposed return route: ________________________________

4. Anticipated arrival time: ________________________________

**At no time during the travel may Athlete and Unrelated Adult sit side-by-side**

**Any deviation from the travel plan must be immediately reported to the Member Club**

**Parent/Guardian**

______________________________  __________________________
Signature                        Date

**Member Club**

______________________________
Name of Authorized Representative

______________________________  __________________________
Signature                        Date

**Unrelated Adult**

______________________________  __________________________
Signature                        Date