



260, 1st Ave S, Suite 200-154,  
St. Petersburg, FL. 33701



To:  
ALL Gothia Cup Traveling Players

US: +1 321 402 3712  
UK: +44 7738 908285



info@iconzexperience.com  
www.iconzexperience.com



**RE: GOTHIA CUP | MINOR CONSENT**

I/We, \_\_\_\_\_ am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

**THE CHILD/CHILDREN**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

U.S. Passport Number:

\_\_\_\_\_

Date Issuance: \_\_\_\_\_

Date Expiration: \_\_\_\_\_

**TRAVELING ALONE/ACCOMPANYING PERSON**

My child is not traveling with an accompanying person

My child is traveling with an accompanying person

known as

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**ITINERARY**

My child will be traveling to the SWEDEN during the period of \_\_\_\_\_.

During that period, my child will be participating in **THE GOTHIA CUP** and the main residence during the trip being

\_\_\_\_\_.

with the following contact information:

Phone Number: +44 7738 908285 E-Mail: info@iconzexperience.com

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_