



**NOTE:** This form must be submitted to the March of the Living Office in Boca Raton by **March 31, 2020**.

PLEASE SCAN AFTER ALL REQUIRED INFO IS WRITTEN & SIGNED, THEN SEND TO: [MOL@BOCAFED.ORG](mailto:MOL@BOCAFED.ORG).

Or mail to: **MOL 9901 Donna Klein Blvd. Boca Raton, FL 33428.** Or fax to: **561-852-6043**

## March of the Living – Southern Region 2020

### PERMISSION FORM FOR FAMILY VISITATION IN ISRAEL

With your express written permission, your *daughter/son* will be permitted to be visited by family members/family friends on **Saturday, May 2, 2020 between 11:30AM -3:30 PM.**

By signing this form, you and your child agree to these time and security parameters.

**(Your child will not be permitted to leave the youth hostel.)**

**THE FOLLOWING INFORMATION MUST BE PROVIDED FOR YOUR CHILD TO BE VISITED.**

**PLEASE PRINT CLEARLY:**

I give permission to my daughter/son: First: \_\_\_\_\_ Last: \_\_\_\_\_

to be visited by the following people on Shabbat – May 2<sup>nd</sup>, 2020 – from 11:30 AM – 3:30 PM.

1. <b>NAME:</b> _____	RELATION: _____	Cell: _____
2. <b>NAME:</b> _____	RELATION: _____	Cell: _____
3. <b>NAME:</b> _____	RELATION: _____	Cell: _____
4. <b>NAME:</b> _____	RELATION: _____	Cell: _____
5. <b>NAME:</b> _____	RELATION: _____	Cell: _____
6. <b>NAME:</b> _____	RELATION: _____	Cell: _____
7. <b>NAME:</b> _____	RELATION: _____	Cell: _____
8. <b>NAME:</b> _____	RELATION: _____	Cell: _____

**Number of Children under 16-years old expected:** \_\_\_\_\_

During the time my son/daughter is with the above mentioned people, I agree to hold the leadership of the *March of the Living*, its representatives and staff, harmless from any liability or responsibility for the above named participants, and agree to indemnify the sponsors of the *March of the Living* and its employees for any costs for the above named participants which may arise in connection with this visitation of which I approve.

I will let all visitors know that they may not leave the boundaries of the Agron Youth Hostel.

Snacks will be available for guests.

Due to Security Reasons, I agree that without both student and parent signatures, the visitors may not be let in.

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Parent Signature