**Authorization for Accommodation and Unaccompanied Minor Activities**

\_\_\_\_\_\_\_\_\_\_\_\_\_full father / mother name \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_nationality \_\_\_\_\_\_\_\_, \_\_\_\_\_\_marital status \_\_\_\_\_\_\_, \_\_\_\_\_\_profession \_\_\_\_\_\_\_, holder of the RNE (National Register of Foreigners) identity card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, enrolled in passport no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_full address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, e \_\_\_\_\_\_\_\_\_\_\_\_\_ full father / mother name \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ nationality \_\_\_\_\_\_\_\_, \_\_\_\_\_\_marital status \_\_\_\_\_\_\_, \_\_\_\_\_\_profession \_\_\_\_\_\_\_, holder of the RNE (National Register of Foreigners) identity card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, enrolled in passport no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_full address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, pais de \_\_\_\_\_\_\_\_\_\_\_\_\_full name of child\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_ nationality \_\_\_\_\_\_\_, born in \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_, today with \_\_\_\_\_\_\_ years old, holder of the RNE (National Register of Foreigners) identity card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **WE AUTHORIZE** our child qualified above to **STAY** and carry out the **UNACCOMPANIED** **ACTIVITIES**, in the periods of\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ until \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_, in **LEGADO DAS ÁGUAS** – Reservas Votorantim, located at Rod. Regis Bittencourt (BR116), S / N, access by Km 349, Miracatu / SP, CEP 11850-000, whose accommodation reservation number is \_\_\_\_\_\_\_\_.

In addition, our child is fully aware that LEGADO DAS ÁGUAS, together with this document, your identity documents to certify the veracity of the information contained in this Authorization, and LEGADO DAS ÁGUAS may extract a copy of the documents.

Finally, DECLARING that the information contained in this document is true, we have signed below.

\_\_\_\_\_\_\_city\_\_\_\_\_\_\_\_, \_\_day\_\_, \_\_\_\_\_month\_\_\_\_\_, \_\_\_year\_\_\_

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|  |  |
| father / mother name:  (acknowledge signature) | father / mother name:  (acknowledge signature) |