

DO NOT MAIL THIS FORM TO CAMP. PLEASE COMPLETE AND BRING TO CHECK-IN

Camper Last Name:	
Camper First Name:	
Please List All Camp Sessions:	
Name/Dates:	
Name/Dates:	
The person(s) listed below have my permissing above camper. Parents and legal guardian	
Name	Relationship
I need to pick up my camper early on: Date:	Time:
I will bring my camper back to camp on: Date:	Time:
Parent/Guardian Signature	Date
PICK-UP SIGNATU	URE
DO NOT SIGN UNTIL DAY OF DEPARTURE FROM CAMP	

Signature of Adult Picking Up Camper: _____