Camper Pick-up Authorization Form

Dear Camper Parent/Guardians,

Please fill out this form with the name or names of anyone you would like to authorize to take your child off site or home from camp.

Camper Name _________________________________________________

Session Attending ______________________________________________

Parent/Guardian Name(s):

_____________________________________________Phone:___________________
_____________________________________________Phone:___________________

Please name the adults whom you are authorizing to pick up this camper:

1)_____________________________________________________________________
   Relationship:______________________________Phone:___________________

2)_____________________________________________________________________
   Relationship:______________________________Phone:___________________

3)_____________________________________________________________________
   Relationship:______________________________Phone:___________________

Parent/Guardian signature: _________________________________ Date: __________

Revised 10/22/18