



Pick-Up Authorization Form

Guardian First and Last Name: _____

Camper #1 First and Last Name: _____

Campe #1 Age: _____

Camper #2 First and Last Name: _____

Campe #2 Age: _____

Camper #3 First and Last Name: _____

Campe #1 Age: _____

Camp Session (Check One):

- | | | |
|-----------------------------|----------|----------|
| Session I: July 18th-22nd | _____ AM | _____ PM |
| Session II: July 25th-29th | _____ AM | _____ PM |
| Session III: August 1st-5th | _____ AM | _____ PM |
| Session IV: August 8th-12th | _____ AM | _____ PM |

I, _____ authorize the following person(s) to pick up my child.
Guardian

Authorized Names:

First Last Phone

First Last Phone

First Last Phone

Guardian Signature: _____

Please note that any persons, including guardians, will be asked to show proof of identification when picking up a camper. Please be ready with your photo ID. Thank you for your cooperation.