



Camper Pick-Up and Drop-Off Form

Camper's Name: _____

The following person will normally drop off and pick up my child:

Name: _____

Address: _____

Cell Phone # _____ Home Phone # _____

In case of an emergency, or if the designated person cannot be contacted, I hereby authorize the following people to pick up my camper:

Name: _____ Relationship to camper _____

Cell Phone _____ Home Phone _____

Name: _____ Relationship to camper _____

Cell Phone _____ Home Phone _____

Name: _____ Relationship to camper _____

Cell Phone _____ Home Phone _____

The following persons may not remove my camper from FLAG Camp:

Name: _____ Relationship to camper _____

Custody papers on file: Yes _____ No _____

Please feel free to provide any other pertinent information below

The above information was provided by:

Print Name: _____

Signature: _____

Date: ____/____/2020