

CAMPER RELEASE VERIFICATION

WEEK: _____ TROOP #: _____ DATE of PICK-UP: _____

CAMPER'S NAME: _____

NAME OF PERSON PICKING UP CAMPER: _____

IDENTIFICATION (Driver's License #) _____ *(photo ID subject to verification)*

REASON / DESTINATION:

ESTIMATED TIME AND DATE OF RETURN: _____

TROOP LEADER AUTHORIZATION: _____

PARENT / GUARDIAN AUTHORIZATION: _____

REMINDER- CAMPER MUST BE SIGNED IN AND OUT AT CAMP OFFICE.
THANK YOU FOR YOUR COOPERATION



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