

**Camper Release Verification**  
J. Edward Mack Scout Reservation

WEEK: \_\_\_\_\_

CAMPER'S NAME AND UNIT: \_\_\_\_\_

PERSON PICKING UP THE CAMPER: \_\_\_\_\_

IDENTIFICATION (DRIVER'S LICENSE #) \_\_\_\_\_  
(PHOTOT ID SUBJECT TO INSPECTION ON PICK-UP)

REASON FOR LEAVING CAMP: \_\_\_\_\_

RETURNING? Y N DATE & ESTIMATED TIME OF RETURN: \_\_\_\_\_

*PLEASE SIGN IN AT THE CAMP OFFICE UPON YOUR RETURN. THANK YOU!*

DRIVER'S SIGNATURE: \_\_\_\_\_

UNIT LEADER SIGNATURE: \_\_\_\_\_

STAFF MEMBER SIGNATURE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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