

CAMPER RELEASE VERIFICATION

(for Scouts being picked up early, meaning during the week, prior to Friday afternoon)

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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