

CAMP CHECK-IN

Bring this completed to Check-In for each Camper.
We will have blank forms available.

Camper's Name

Session Date

Please list below everyone
you may allow to pick up child:

Parent / Guardian Name

Parent / Guardian Driver's License Number

Telephone number where parent may be
reached at pick up time

Parent / Guardian Signature

CAMP CHECKOUT

For Office Use Only.
Please Do Not Fill In At Check-In:

M _____

T _____

W _____

Th _____

F _____

S _____

CAMP CHECK-IN

Bring this completed to Check-In for each Camper.
We will have blank forms available.

Camper's Name

Session Date

Please list below everyone
you may allow to pick up child:

Parent / Guardian Name

Parent / Guardian Driver's License Number

Telephone number where parent may be
reached at pick up time

Parent / Guardian Signature

CAMP CHECKOUT

For Office Use Only.
Please Do Not Fill In At Check-In:

M _____

T _____

W _____

Th _____

F _____

S _____