



Alternate Pick Up/ Drop Off Form

Campers Name: _____

Parent Name & Phone Number: _____

Alternate Pick up/Drop off Person: _____

Alternates Relationship to Camper: _____

Alternates Phone Number: _____

Dates for Alternate: _____

Please alert your alternate pick-up person that your child must be signed out upon pick up.

We may ask your alternate pick-up person for identification before releasing your child/children to them.

Please note that campers must be picked up within the pick-up time window. We are required to notify the proper authorities if campers are not picked up by a certain time at the end of the camp day.

Parent Signature: _____ Date: _____