Non-Guardian Pick-Up Authorization

Camper's Name: _____

Authorized Person #1

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Child: _____ Phone: _____

Email: _____

Authorized Person #2

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Child: _____ Phone: _____

Email: _____

Authorized Person #3

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Child: _____ Phone: _____

Email: _____

Parent/Guardian Signature: _____