

Authorized Pickup Information

Camper Name _____

Contact 1

First Name: _____

Last Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact 3

First Name: _____

Last Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact 2

First Name: _____

Last Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City: _____

Contact 4

First Name: _____

Last Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City: _____