

CAMPER EARLY RELEASE FORM

Camper: _____ Unit: _____

Address: _____ City/State: _____ Zip: _____

Unit Leader Name: _____ Phone: _____

Address: _____ City/state: _____ Zip: _____

Unit Leader Signature Approval for Release: _____

Date: _____ Time(AM/PM): _____

Name of Person to Whom Camper is released: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Date of Release: _____ Time of Release: _____ AM _____ PM _____

Proof of Identity of Said Person:

Reason for Release:

Camp Director's Comments:

.....
Camp Representative's Signature: _____

Date _____ Time _____