



# 2020 PICK-UP AUTHORIZATION

Please list people authorized to pick up your child/children at the end of the camp day.

**Camper:** \_\_\_\_\_ **Camp/Group:** \_\_\_\_\_

Name	Relationship to child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

If a person other than those listed here will be picking up your child please notify the camp office or your child's counsellor prior to pick up.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_