

Camper Early Pick-up

I (or the person/persons named here _____) will be picking up _____ at _____ on _____ in front of the office or other location(_____. If needed, I can be reached at _____.

(camper name) (time) (date)

(cell phone #)

Signed,

parent/guardian name date

**Please note that when the camper is picked up the office staff or counselor will ask to see Photo ID from the person picking up the camper and the name must match the name on this form.*

If the camper is leaving and then returning to camp in the same week, please fill out below:

I anticipate that the camper will return at _____ on _____.

(time) (date)

We will meet at (circle one) THE OFFICE or THE CABIN upon return.

Camper Late Arrival

If a camper is arriving to camp late (Sunday check-in is from 2:30-4pm), please fill out below:

I anticipate that _____ will arrive at _____ on _____.

(camper name) (time) (date)

We will meet a staff person at the camp office.

Parent/Guardian Name: _____ Cell #: _____

IF ANY OF THIS INFORMATION CHANGES, PLEASE CALL THE CAMP OFFICE AT 724-865-2161.

For Office/Counselor use:

I verified the ID of the person picking up this camper. The camper left Lutherlyn at _____ on _____.

(time) (date)

Signature of Staff Person: _____

Notes: