

Pick – Up Authorization/Permission Slip

This form is to be used only if a camper will be picked up during camp.

Scout Name: _____ DOB: _____

Address _____

City: _____ State: _____

Troop #: _____ District: _____ Council: _____

Scoutmaster at Camp: _____

The follow individuals have authorization to pick my up my during his stay at camp.
(Please include your own name)

1. _____ Relationship _____ Phone _____

Address _____

Town _____ State: _____

2. _____ Relationship _____ Phone _____

Address _____

Town _____ State: _____

3. _____ Relationship _____ Phone _____

Address _____

Town _____ State: _____

4. _____ Relationship _____ Phone _____

Address _____

Town _____ State: _____

Parent/Guardian Signature: _____

Date: _____ Phone _____