

**Day Camper Release Form
Gretna Glen Camp**

Camper Name: _____ Event Dates: ____/____/____

Program: _____

[Please fill in the names on the lower left and leave the spaces in the box on the right blank for checkout each day]

This camper will be picked up each day
by one of the persons listed below:

Name: _____ Contact # _____

Name: _____ Contact # _____

Name: _____ Contact # _____

Name: _____ Contact # _____

Sign-out Signature – Staff member initial upon pick up

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Note: *If this camper needs to be picked up by someone other than a person listed above, the camper's Parent or Guardian must call the camp office prior to Check Out and send a signed note to confirm the change. Photo Identification may be required.*

Date: ____/____/____

(Signature of Parent / Guardian)

Please bring this form with you to Registration on the FIRST DAY OF CAMP. Thank you!