2020 Camp Grizzly

Authorization To Drop off/Pick up child at Camp

Print Name of Child(ren): _		
*		
I hereby give the following per for any reason.	son(s) my permission to drop o	off or pick up my child from Camp Grizzly
Name(s):	Relationship:	Cell/Text Contact Info:
1.		
2.		
3		
4		
Your child will not be released	to anyone other than to the au	uthorized persons named above.
Parent/Guardian Signature: _		
Print Name:	Date sig	ned:
Text/Cell #:		