

Sequanota Camper Pick-Up Release Form
To be turned in day of registration

The following camper may only be released in the custody of the person(s) listed below.

Name of Camper: _____

Name of camp attending: _____ Dates: _____

Name of authorized person(s): _____

Relationship to camper: _____

Names of unauthorized person(s): _____

Relationship to camper: _____

This information has been approved by:

Parent/Guardian name (print): _____

Parent/Guardian (signature): _____

Date: _____

This section to be completed by the end of the week

The following person is picking the camper up:

Authorized person(s) name (print): _____

Authorized (signature): _____

Date: _____

Counselor signature: _____

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