

CAMP CUMBY/RICHARDS ²⁰²⁴

 WFB RECREATION DEPARTMENT

AUTHORIZED PICK-UP FORM

CAMP LOCATION: CUMBERLAND RICHARDS

CAMPER'S NAME: _____

AUTHORIZED PICK-UP INFORMATION:

NAME: _____

PHONE: _____ C H W

RELATIONSHIP: _____

NAME: _____

PHONE: _____ C H W

RELATIONSHIP: _____

***THE AUTHORIZED PICK UP PERSON MUST SHOW ID UPON PICK UP**

PARENT/GUARDIAN SIGNATURE:

DATE: _____