

CAMP CUMBY/RICHARDS



WFB RECREATION DEPARTMENT



AUTHORIZED PICK-UP FORM

CAMP LOCATION:

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CUMBERLAND

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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: _____