

# CAMP CUMBY/RICHARDS



WFB RECREATION DEPARTMENT



## WALK HOME FROM CAMP PERMISSION SLIP

CAMP LOCATION:

☐

CUMBERLAND

☐

RICHARDS

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

HAS PERMISSION TO WALK/BIKE HOME FROM CAMP LOCATION AT \_\_\_\_\_ PM

FOR THE FOLLOWING DATES: \_\_\_\_\_

\_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Please return completed form to Camp Director