

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