CAMP CHECK OUT FORM

PROGRAM DEANS:_____ SITE **:**_____

DATES:_____ CABIN/LODGE NAME_____

Camper's Name	Name (print) (who will pick up camper)	Relationship (to camper)	Adult's Signature (at pick up)	Departure Time
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

_____ _____ _____

Signature of Counselor **Date** **Name of Cabin/Lodge**