

DAY CAMP CHECK IN – OUT FORM

PROGRAM DIRECTOR _____ SITE: _____

DATES: _____ CABIN/LODGE/GROUP NAME _____

CAMPER'S NAME	Name (print) who can pick up camper	Relationship to camper	Adult's Signature	Arrival Time (drop-off time)	Departure Time (at pick up)
1.	a.				
	b.				
	c.				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Signature of Counselor

Date

Name of Cabin/Lodge/Group