

CAMP PICK UP AUTHORIZATION

THIS FORM IS REQUIRED FOR EVERY CAMPER.

PLEASE RETURN THIS FORM by mailing, emailing or at Check-in (July 5 or July 12, 2010).

CAMPER'S NAME: _____

The following people (**PLEASE INCLUDE YOURSELF**) are authorized to pick up this camper from JWW Educational Camps, Physics, Flight & Fun. I understand my child will be allowed to leave with only these individuals.

PHOTO IDENTIFICATION WILL BE REQUIRED.

Authorized Person's First Name AND Last Name please print and write legibly	Relationship to camper	Phone number include area code
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		() -
		() -
		() -

NAMES OF PEOPLE NOT ALLOWED TO PICK UP CAMPER (please print):

1. _____

2. _____

Parent/Guardian Signature _____

Today's Date _____