

TOWN OF BLOOMING GROVE SUMMER CAMP PROGRAM 2017
AUTHORIZED PICK-UP LIST

Camper Name: Last _____ First _____

Please list **ALL** persons who are authorized to pick your child up from camp.

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

4. _____ Phone # _____

5. _____ Phone # _____

6. _____ Phone # _____

7. _____ Phone # _____

8. _____ Phone # _____

Print Parent/Guardian Full Name

X _____
Parent/Guardian Signature

Blooming Grove Rec use only-----

_____ Health Records rec'd

_____ Permission slips rec'd

Special needs, medical, allergies, etc: