

REQUEST FOR EARLY PICKUP AT CAMP

SECTION A: To be completed by the camper's parent or guardian.

Please complete all of the following information:

Name of child: _____

Date of Early Pickup: _____ Time of Early Pickup: _____

Pickup Location: _____

Name of person picking up your child: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

SECTION B: To be completed by the City of Mason Camp Staff at early pickup. (*Confirmation of Early Pick-Up*)

Date	Time	Location	Camp Staff