



Day Camp Release Form (one per child)

The person(s) listed below are authorized to pick up my child from the Warren Willis United Methodist Day Camp.

Camper Name: _____

THIS CAMPER MAY BE PICKED UP BY:

1. Name (please print): _____

Relationship: _____

Phone Number _____

2. Name (please print): _____

Relationship: _____

Phone Number _____

3. Name (please print): _____

Relationship: _____

Phone Number _____

4. Name (please print): _____

Relationship: _____

Phone Number _____

5. Name (please print): _____

Relationship: _____

Phone Number _____

Parent/ Guardian Signature: _____ Date: _____