

# Camp Crooked Creek Early Release Form

- To be completed and submitted prior to early release of camper.
- Also must be verified during camper's early release from Summer Camp.
- Must be completed by parent/guardian, verified by Scoutmaster, and witnessed by camp administration.

## REQUEST/NOTICE: TO BE COMPLETED PRIOR TO RELEASE

**Camper's Name:** \_\_\_\_\_

Troop Number: \_\_\_\_\_ Camp Week: \_\_\_\_\_

**Scoutmaster:** \_\_\_\_\_

Contact Information: (campsite, cell phone, etc.) \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### **Early Release Info:** *Completed by Parent/Guardian*

Date of pickup: \_\_\_\_\_ Time: \_\_\_\_\_

Person/Persons picking up camper: \_\_\_\_\_  
*\* Persons picking up camper must have valid picture ID with them\**

Will camper be coming back to camp?: YES // NO

If YES, when? : \_\_\_\_\_ With Whom?: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

Date of Request: \_\_\_\_\_

### **VERIFICATION: COMPLETE AT RELEASE TIME.**

Please Check and initial: **Must Filled out by each individual indicated.**

Name of Person Picking up: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* Copy of ID of person picking up Camper \*\*\* Check here when attached: \_\_\_\_\_**

**Camp Administration witness: Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_