

CAMP CHECK OUT FORM

PROGRAM DEANS: _____ SITE : _____

DATES: _____ CABIN/LODGE NAME _____

Camper's Name	Name (print) (who will pick up camper)	Relationship (to camper)	Adult's Signature (at pick up)	Departure Time
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Signature of Counselor

Date

Name of Cabin/Lodge