

# Skyview Ranch Day Camp Sign Out Form

Camper Name: \_\_\_\_\_

Parent/ Guardian Names: \_\_\_\_\_

Parent/ Guardian Phone Number: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

Please complete the chart below for you campers' week of camp. List any person who possibly would be picking up your camper each evening in the **"Pick Up Person"** column. Please include yourself and grandparents, friends, etc.

Please leave the **"Signature"** columns blank. Your camper's counselor will have this form each evening and will request the person who picks up your camper to sign this form next to the name that you have provided. Your camper will only be released to persons designated on this form.

	<b>Pick Up Person</b> I Authorize the following Adults to pick up my child (Please list full names)	<b>Signature</b> Signature of Pick Up Person (To be signed at pick up time)	<b>Counselor Signature</b> Counselor Signature (To be signed at pick up time)
Monday	_____ _____ _____		
Tuesday	_____ _____ _____		
Wednesday	_____ _____ _____		
Thursday	_____ _____ _____		
Friday	_____ _____ _____		