

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	Departure Time (at pick up)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Signature of Counselor

Date

Name of Cabin/Lodge