

CHILDREN'S THEATRE 2018 SEASON AT THE SAILING CAMP PARK IN OAK BLUFFS

CAMPER RELEASE FORM

CAMPER NAME (s):

Please fill out the following:

Names of people and their relationship to your child(ren) who have your permission to pick up your child at the end of the camp day:

1. _____ Tel#

2. _____ Tel#

3. _____ Tel#

4. _____ Tel#

Does your child(ren) have permission to walk or bike home after camp?

Yes _____ No _____

Parent/Guardian Signature

Date

Please notify us immediately if there are any changes to this list.