

## CATHOLIC YOUTH CAMP PICKUP AUTHORIZATION FORM

(651)636-1645

office @cycamp.org

Office: 2233 Hamline Ave. Suite B1, Roseville, MN 55113 Camp Property: 19590 520th Lane, McGregor, MN 55760

CAMPER NAME:			DAT	TE OF BIRTH:
LAS		IRST	MI	
CUSTODIAL PARENT,	/GAURDIAN:			
* Campers will only be released to their parent or legal guardian at camp or at the bus stops. If someone				
other than the parent or legal guardian needs to pick up your child at either of these locations, please				
submit the completed form to CYC at least 48 hours prior to the camper's departure from camp.				
As legal parent or guardian, I give the following person permission to pickup my child:				
	Name:			_
Address:				-
City, State, Zip:				-
Phone:				-
Date of pick-up:				
Time of pick-up:				
	tion of Pickup: CA	AMP CAMBRI BUS STO		SEVILLE BUS STOP
I understand that neither Catholic Youth Camp nor it's representatives can be held responsible for my child once they are under the supervision of the above listed individual. For camper safety, CYC representatives may ask for proof of identity (driver's license, ID card, etc) before releasing the camper.				
This pickup authorization will only be honored for the date & time listed above.				
Parent/Legal Guardia	n Name Printed: _			
Parent/Legal Guardian Signature:				
Date:	Darent Di	hone Number		