Sugarloaf Christian Camp

Youth Release Form

Camper Name_____

Address_____
              Street   city   zip

Parent/Guardian Name_____

Phone Number(s)_____
              Area code   Home   work   cell

PLEASE PRINT BELOW THE NAME OF THOSE PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM CAMP. ONLY THOSE PERSONS LISTED WILL BE ALLOWED TO PICK YOUR CHILD UP.

1. Name_____

    Address_____
             Street   city   zip

2. Name_____

    Address_____
             Street   city   zip

3. Name_____

    Address_____
             Street   city   zip

4. Name_____

    Address_____
             Street   city   zip

_____   _____

Parent/Guardian Signature   Date