

POTAWATOMI AREA COUNCIL CUB SCOUT DAY CAMP
Early Pick Up Permission Slip

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____ Pack No: _____

Address: _____ City: _____

Home Phone: () _____ Work/Cell Phone: () _____

Name of Parent or Guardian : _____

Relationship: _____

Name of person picking up the Cub Scout: _____

Date of early release: _____ Time of early release: _____

Signature Required:

I give permission for the above person(s) to pick up my Scout EARLY from Day Camp at the date and time specified.

Parent/Guardian Signature Date

The signatures below are to be filled out AT THE TIME OF DEPARTURE.

Signature of person picking up Cub Scout Date Time

Signature of Day Camp Administration Rep Date Time