

CAMP OJATO

EARLY PICK-UP/PERMISSION TO PICK UP

My son _____ will be picked up at _____
Name Time

on _____, by _____
Date Name of adult

My son _____ will be picked up at _____

on _____, by _____

My son _____ will be picked up at _____

on _____, by _____

My son has permission to be picked up by:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

My son may **NOT** be picked up by:

Return to Camp Director on the 1st day of camp.

Reminder that our pickup schedule must coordinated with camp boat runs.

Added fees for additional boat run may be applicable.