



Girl Scouts of Greater Atlanta, Inc.
Resident Camper Release Form

Girl Scouts®

Do not mail this form to camp, please complete and bring to check-in

CAMP NAME _____

CAMPER LAST NAME _____

CAMPER FIRST NAME _____

CABIN/TENT NAME _____

SESSION DATES _____

The person(s) listed below have my permission to pick up the above camper.
Please list parent(s) and/or legal guardian(s).

NAME

RELATIONSHIP

1

2

3

4

I need to pick up my camper **early** on:

Week Day & Date _____

Anticipated Time _____

I will bring my camper **back to camp** on:

Week Day & Date _____

Anticipated Time _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PICK-UP SIGNATURE - do not sign until day of departure from camp

SIGNATURE OF ADULT PICKING UP CAMPER