

AUTHORIZATION FOR ALTERNATE PICK UP/DROP OFF

NAME OF CAMPER: _____

DATE(S) OF ALTERNATE PICK UP/DROP OFF*: _____

*If your alternative pick-up will be allowed to pick up your camper throughout all of Camp Shalom 2007, simply list "ALL" as the dates of pick up/drop off

ALTERNATE PERSON: _____

ALTERNATE PERSON WILL (circle one): PICK UP DROP OFF BOTH

As the parent or legal guardian of the above camper, I authorize the alternate person listed above to pick up and/or drop off the camper listed above in my place. I understand that Camp Shalom will request verification of the alternate person through a valid photo ID. I understand that this agreement is valid ONLY on the date listed above Any further alternate arrangements will need to be made individually.

Signature of Parent/Legal Guardian

Date

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