

**Known and Loved Organization Camper Pick up Form**

Name of Camper \_\_\_\_\_

Will you be picking up your child from camp? Yes    No

If No, please let us know the name and contact information of the person you are assigning to pick up your child, and what days that person will be picking up your child.

Name of Alternate Driver: \_\_\_\_\_

Phone Number of Alternate Driver: \_\_\_\_\_

Please circle days of the week that Alternate Driver will pick up child: M T W Th F

Signature of Parent \_\_\_\_\_

Printed Name \_\_\_\_\_