



# LOWER MAKEFIELD TOWNSHIP Parks & Recreation



## Camper Pick-Up Authorization Form

The following listed below will have permission to pick up your child from Camp LMT. You are allowed a maximum of **four** contacts who will be authorized to pick up your child. Each person **must** show photo identification when picking up a child. Please attach a copy of the photo I.D. they will be providing each day to this document and return to the Community Center no later than **June 17<sup>th</sup>, 2019**.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Person #1

Name: \_\_\_\_\_ Relationship with Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Person #2

Name: \_\_\_\_\_ Relationship with Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Person #3

Name: \_\_\_\_\_ Relationship with Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Person #4

Name: \_\_\_\_\_ Relationship with Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_