



Wakulla County 4-H Summer Day Camp 2024

Authorized Pick-up Form

Please list anyone who is authorized to pick up the camper from the 4-H Summer Day Camp Program. We will not release the camper to anyone not on the list unless it is authorized by the primary guardian.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

By signing your name, you are indicating all information in this form is correct and you have read and understand all policies that have been put in place.

Parent/Guardian Print Name: _____

Signature: _____ Date: _____