



CHALLENGE CAMP
2010
CAMPER RELEASE
AUTHORIZATION FORM

I, _____ give authorization for my children at the
(Please print parent name)

Challenge 2010 camp _____ to
(Please print names of children)

be released to the following people on any given day (due to carpool or other arrangements) and in the event of an emergency dismissal from camp.

It is essential that this information be accurate and current. Please return this form to:

CHALLENGE 2010
PO BOX 586
BRONXVILLE NY 10708

Parent's signature _____ Date _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

(Name) (Relationship to camper) (Phone)

(Name) (Relationship to camper) (Phone)

(Name) (Relationship to camper) (Phone)