

Sept. 1st - May 31st

- Administrative Office -

715 28th Street, South La Crosse, Wisconsin 54601 USA 1-800-582-2267 FAX 1-608-787-8257 Internationally: 001-608-787-8304

June 1st - August 31st - WeHaKee Camp for Girls -

N8104 Barker Lake Road Winter, Wisconsin 54896 USA 1-800-582-2267 FAX 1-715-266-2267 Internationally: 001-715-266-3263

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NOTE: THIS FORM IS ONLY NECESSARY IF SOMEONE OTHER THAN A LEGAL PARENT/GUARDIAN IS PICKING UP THE CAMPER.

Please, only one camper per form. Complete additional forms for additional campers.

If you need to have anyone other than a parent/guardian pick-up your child, a completed and signed Pick-up Authorization Form MUST BE SUBMITTED TO WEHAKEE CAMP FOR GIRLS AT LEAST 48 HOURS PRIOR TO THE CAMPER'S DEPARTURE FROM CAMP. WE CANNOT ACCEPT PHONE MESSAGES OR NOTES PROVIDED BY THE PICK-UP PERSON AT THE PICK-UP POINT.

For your daughter's protection we cannot make any exceptions to this policy.

Release Information - Please As legal, custodial parent/guare	•	l Name)	
I (Parent/Guardian's Full Name)			, give the following individual
(listed below) my permission to	pick-up my child on	(Date of Pick-Up)	
Information of Individual Pic	• .		
Street Address:			
City:	State:	Country:	Zip/Postal Code:
Location Where Camper Will B	e Picked Up:		
once they are under the superv	ision of the individuo k the individual liste	al listed above. For the sed above to verify their	nnot be held responsible for my child safety of the camper, WeHaKee Camp identity by showing an official picture nper.
Legal Custodial Parent/Guardian Signature:			Date:

WeHaKee Camp for Girls representatives can honor this Pick-Up Release Authorization Form ONLY on the date and location listed above. This form CANNOT be accepted if initially presented at the point of pick-up. It must be received by WeHaKee Camp for Girls AT LEAST 48 HOURS PRIOR to the camper's departure from camp.

Fax your completed and signed form to WeHaKee Camp for Girls at 1-715-266-2267.

