



Port Chester Cub Camp Pickup Authorization Form

Please return this form before camp to:
222 Grace Church Street, Port Chester NY 10573

Camper Name: _____ Age: _____

Camper Name: _____ Age: _____

Camper Name: _____ Age: _____

Camper Name: _____ Age: _____

For the safety of your child(ren), they may be picked up from camp ONLY by those individuals specified by you in writing on this authorized release form. All authorized persons must show a picture ID which will be requested by Port Chester camp staff.

List of people authorized to pick up the camper(s):

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Signed: _____

Printed: _____

Date: _____

Any Questions please call the recreation department at (914) 305-2571