



Camp Arrowhead
 #5268 Homestead Way
 Lewes, DE 19958

CONTACTS:
 302-645-5348

Registrar: Nancy
 Call 302-945-0610 EXT 4
Assistant Director: Terry



Please use this form if your camper will be carpooling during their day camp session. Submit 1 form for each camper.

Camper Name _____

Parent/Guardian Name _____

Best Phone to reach you: _____

Circle Session:

Day Camp A B C D E F G

Counselor/Unit Leader: _____

Parent's Signature: _____

Today's Date: _____

Please list parent dropping or picking up on designated days.

Car Pooling Schedule	
Parent Drop Off	Parent Pick up
Mon.	
Tues.	
Wed.	
Thurs.	
Fri.	

Please list all parents and phone contacts below.

Parent and Phone # _____

Parent and Phone # _____

Parent and Phone # _____

Parent and Phone # _____

Parent and Phone # _____

Email to nlafontaine@camparrowhead.net