

Late Arrival/Temporary Leave/Early Departure

Camp Arrowhead 2024

Camper Name: _____ Session: _____

Parent Name: _____ Phone: _____

We offer three times for drop-off & pick-up. Please choose from the following times:

8:00 am, 12:30 pm or 5:30 pm

Requesting:

_____ **LATE ARRIVAL:**

Arrival Date: _____

Time Arriving: Please circle one. **8:00 am** **12:30 pm** **5:30 pm**

_____ **TEMPORARY LEAVE:**

Departure Date: _____

Time Departing: Please circle one. **8:00 am** **12:30 pm** **5:30 pm**

Return Date: _____

Time Returning: Please circle one. **8:00 am** **12:30 pm** **5:30 pm**

Who will be picking up the camper? _____

_____ **EARLY DEPARTURE:**

Departure Date: _____

Time Departing: Please circle one. **8:00 am** **12:30 pm** **5:30 pm**

Who will be picking up the camper? _____

Notes: _____

Parent Signature: _____

Return this form to the Camp Registrar.

Please plan to bring or pick up your camper at the times specified. Camper pick-up will be at the front of the dining hall. If your plans change, be sure to notify the Assistant Director @ 302-945-0610 EXT 113.

Camp Use Only: Counselor: _____ Unit: _____