



Del-Mar-Va Council Cub Scout Day Camp Transportation Release Form

Participant's Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone (_____) _____

My child, _____, may be transported to/from Cub Scout Day Camp with the following people:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize Day Camp personnel (Day Camp Directors, Program Directors, Den Leaders, Den Helpers) to release my child to any of the above noted people.

Anyone your child should not be released to:

Date: _____

Parent/Guardian Signature: _____