

CAMP INSPIRATION AUTHORIZATION FOR PICKUP/DROP-OFF

I hereby authorize the following name person(s) to drop off or pickup my child(ren).

NAME OF CHILD (REN):	
NAME OF AUTHORIZED PERSON(S) FOR PICKUP** 1.	
2	
3	
4	
The person(s) listed above must have an official ID, e.g., Driv government issued ID card with the exact name as listed about	
SIGNATURE	DATE
PRINTED NAME	

** EVEN THOUGH THE PERSON DROPPING OFF/PICKING UP IS A PARENT, THE NAME MUST BE

LISTED.

1399 GOLF COURSE DRIVE MITCHELLVILLE, MARYLAND 20721-2328 TEL: 301-333-4630 ● FAX: 240-304-3284

https://thelafi.org

EMAIL: Campinspiration@thelafi.org