

Gulf Ridge Council Cub Scout Day Camp/Twilight Camp 2009 – An all-volunteer program
Transportation Form

Scout Name (goes by) _____
Street Address _____
City/State/Zip Code _____
Home Phone Number _____

Father's Name _____
Father's Home Phone _____
Father's Work Phone _____
Father's Cell Phone _____
Father's Pager _____

Mother's Name _____
Mother's Home Phone _____
Mother's Work Phone _____
Mother's Cell Phone _____
Mother's Pager _____

The additional following people have my permission to transport my child to and/or from _____
_____ Camp, held at _____

Name _____
Relationship _____
Phone Number _____

Name _____
Relationship _____
Phone Number _____

Name _____
Relationship _____
Phone Number _____

Name _____
Relationship _____
Phone Number _____

***** Note: No one is allowed to transport your child from camp but his or her parents/guardians or those persons listed above.**

Is there anyone to whom this Scout should NOT be released AT ANY TIME? Yes No
If yes, please explain and provide us with that person's name, his/her relationship to the Scout, and a brief description _____

Parent Signature: _____ Date: _____
(not valid without signature)