

Early Camper Release Form from Lake of the Ozarks Scout Reservation

(Portion to be filled out by the parent or guardian prior to arrival at camp)

Camper _____

Address _____ City _____ Zip _____

Name of Parent or Guardian _____

Address _____ City _____ Zip _____

Phone _____

Name of person to whom camper is released _____

Address _____ City _____ Zip _____

Date Camper is to be released _____

Reason for release _____

Signature of Parent or Guardian _____ Date _____

(Portion to be filled out at camp)

Unit Leader Name _____

Address _____ City _____ Zip _____

Proof of identity of person to whom camper is released (Filled out by releasing staff member) _____

Date of release _____ Time _____

Signature of Unit Leader _____ Date _____

Signature of Camp Representative _____ Date _____