

# Transportation Pick Up Form

Please fill out completely and have ready to present to Day Camp Staff.

**THIS FORM IS REQUIRED TO PICK UP ANY CHILDREN**  
**(INCLUDING YOUR OWN) NO EXCEPTIONS**

Adult Name: \_\_\_\_\_

DL#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I have been authorized through the registration process (medical form and online registration) by the parent/guardian of the following child(ren) to pick them up at the conclusion of Soaring Eagle Day Camp:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Vehicle Plate # \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_

**All passengers must have seat belts on or your vehicle will not be allowed to leave the pick-up line.**

Staff use only: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Verified by: \_\_\_\_\_

Camp Key Staff/Registration ONLY