

## PERMISSION TO TRANSPORT FORM

Dear Parent or Guardian,

Our desire is to provide a fun and safe experience for your child. We have a check in and sign out process on registration and pick up days. This will be handled by the counselor. We will release your child only to individuals that you specify in writing. You are required to provide at least one (1) alternate adult who could pick up your child in case of some unforeseen emergency. Please complete the form below and **return it to Camp Pendola** prior to the time your child is coming to camp. (OM.13.1)

Lori Rosene, Director

Child's Name \_\_\_\_\_ Session/Dates attending \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_  
(Please Print Names)

Parents/Guardian Address \_\_\_\_\_  
(Please Print Complete Address)

Parents/Guardian Phone \_\_\_\_\_

The following people, other than the above listed parents or guardians, are authorized to pick up my child:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Your child will not be released to any other person.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MARKETING SURVEY

Please complete this brief survey to help us with our marketing for Camp Pendola. Thanks.

How did you first hear about Camp Pendola? Please check:

<input type="checkbox"/> Church	<input type="checkbox"/> Catholic School	<input type="checkbox"/> Rel. Ed./Faith Form. Program
<input type="checkbox"/> Friend	<input type="checkbox"/> Family Member	<input type="checkbox"/> Parent Attended
<input type="checkbox"/> Internet	<input type="checkbox"/> The Herald	<input type="checkbox"/> Bishop's Radio Hour
<input type="checkbox"/> Summer Brochure	<input type="checkbox"/> Other _____	

Pick up Sign out: (OM.13.1)

Name of person \_\_\_\_\_ Time \_\_\_\_\_