



SAUK VALLEY UNITE SERVICE CAMP CHECK OUT FORM

Please complete the following if your student will be checking out of UNITE Service Camp at any time during the duration of the camp.

Student Name _____

Youth Group attending UNITE Service Camp with _____

***Departure
Time***

***Return
Time***

Reason

Wednesday

Thursday

Friday

Adults Authorized to pick up student from UNITE Service Camp:

Name

Contact Number

Parent/Guardian Signature _____