



**Girl Scouts of Central Indiana  
Sycamore Valley Day Camp**

**AUTHORIZATION FOR RELEASE – Bus/Car Rider**

**\*\*\*Bus Rider: GIVE TO BUS MONITOR AT BUS STOP ON 1<sup>ST</sup> DAY OF CAMP\*\*\***

**\*\*\*Car Rider: TURN IN AT CHECK-IN ON THE 1<sup>ST</sup> DAY OF CAMP\*\*\***

**Do not send this form to the Girl Scout Service Center**

**Camper name** \_\_\_\_\_

**Session number** \_\_\_\_\_ **Session date** \_\_\_\_\_

**Bus stop location** \_\_\_\_\_

**I authorize the following person(s) to pick up the above named camper from the above named bus stop location:**

Name	Relationship to Camper	Telephone Number	Alternate Telephone Number

\_\_\_\_\_  
**(Signature of parent or guardian)** **(Date)**

\_\_\_\_\_  
**(Printed name of parent or guardian)** **Parent contact number**