



## SSWC Check Out Form

Please complete the following if your student will be checking out of SSWC at any time during the duration of the camp. Your child will not be allowed to leave with anyone other than those listed below. Students will not be permitted into the lodging locations if they check out for showers.

Student Name \_\_\_\_\_

Youth Group attending SSWC with \_\_\_\_\_

	Departure Time	Return Time	Reason
<b>Example</b>	4:30pm	5:45pm	Home to Shower
	9:30am	11:00am	Orthodontist appointment
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			

### Adults authorized to pick up student from SSWC:

Name

Contact Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_