



**NORTHBROOK PARK DISTRICT**  
**Leisure Services Division**

**2018 Pick Up Plan**

Return to: Leisure Center, 3323 Walters Avenue

Participant Name \_\_\_\_\_ Program Name \_\_\_\_\_

In addition to the individuals listed on the participant information form, I give permission for the following individual(s) to pick my child up from the camp named above:

1. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

4. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

5. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

6. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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