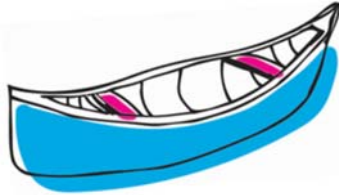


# Transportation to Camp with a Non-Related Adult

Any family wishing to have their child transported to and from camp by an adult not directly related to that child, must submit this request in writing. Please provide all information requested below and return this page either via mail, email, or by having your camper bring it with them on the first day of camp.



Mail: GSCSNJ  
Attn: Camp Sacajawea Transportation  
40 Brace Rd  
Cherry Hill, NJ 08034  
Email: campsacajawea@gscsnj.org

By signing below, the parent/guardian(s) recognize that they are releasing their child into the adult supervision of the adult listed before and after specified camp hours.

Camper's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Please select which weeks your camper has permission to be transported with this non-related adult:

Week 1 (June 30-5) \_\_\_\_\_ Week 4 (July 21-26) \_\_\_\_\_

Week 2 (July 7-12) \_\_\_\_\_ Week 5 (July 28-Aug 2.) \_\_\_\_\_

Week 3 (July 14-19) \_\_\_\_\_ Week 6 (August 4-9) \_\_\_\_\_

Non-Related Adult's Name: \_\_\_\_\_

Non-Related Adult's Telephone # : \_\_\_\_\_

I, \_\_\_\_\_, agree to transport the camper named above.

\_\_\_\_\_  
Non-Related Adult's Signature Date