

Butler Springs Christian Assembly

Early Dismissal Form

Camper's Name _____
Last First MI

Week of Camp _____

Date to be picked up ____/____/____ Approximate Time to be picked up ____:____ AM PM

Reason for leaving _____

If applicable, camper will return ____/____/____ Approximate Time ____:____ AM PM

Person(s) to pick up your camper:

Name _____ Relation _____

Address _____ State _____ Zip _____ Phone _____

Name _____ Relation _____

Address _____ State _____ Zip _____ Phone _____

Name _____ Relation _____

Address _____ State _____ Zip _____ Phone _____

Name _____ Relation _____

Address _____ State _____ Zip _____ Phone _____

Parent/Guardian's Signature _____ Date ____/____/____

BSCA will only release a child to the names listed on the Early Dismissal Form or Registration Form (online and/or paper). All others will have to have to prove written or verbal permission to a BSCA staff person.