

**MOBILE AREA COUNCIL CUB SCOUT DAY CAMP  
Early Pick Up Permission Slip**

Scout Last Name: \_\_\_\_\_

Scout First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pack No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name of person picking up the Cub Scout: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name of person picking up the Cub Scout: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name of person picking up the Cub Scout: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

I give permission for the above person(s) to pick up my Scout EARLY from Mobile Area Council Cub Scout Day Camp.

\_\_\_\_\_