



Camp W Note

Date: _____

Camper's name: _____

Camper's group: _____

Bus#: _____ Own Driving: _____ Early/Late Care: _____

Reason for note: _____

Please direct this note to:

☐ Office ☐ Swim Staff

☐ Nurse ☐ Counselor

☐ Bus Counselor ☐ Choice Period

☐ Director ☐ Counselor
