



Camp W Note

Date: _____

Camper's name: _____

Camper's group: _____

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

Please direct this note to:

- | | |
|--|--|
| <input type="checkbox"/> Office | <input type="checkbox"/> Swim Staff |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Bus Counselor | <input type="checkbox"/> Choice Period Counselor |
| <input type="checkbox"/> Director | |

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