



Rockfish Camp & Retreat Center
226 Camp Rockfish Road
Parkton, NC 28371
910-425-3529
www.camprockfish.org

Pick-Up Release

Camper's Name: _____

- My camper will be leaving camp during normal check-out time.
- My camper will need to leave camp early due to an unchangeable scheduling conflict.

Along with myself, the following person(s) are authorized to pick-up _____ from Rockfish
Camp and Retreat Center. camper name

Name: _____ Daytime Phone #: _____

Address: _____ Cell Phone #: _____

Name: _____ Daytime Phone #: _____

Address: _____ Cell Phone #: _____

Name: _____ Daytime Phone #: _____

Address: _____ Cell Phone #: _____

I understand that Rockfish Camp and Retreat Center will only release my camper to the persons listed above in addition to myself after I/they display a valid driver's license with a name that matches what I listed above.

Name (print): _____ Cell Phone #: _____

Signature: _____ Date: _____