

## Authorization to Release Child (Include self, spouse and older siblings if applicable)

Name of Camper:			-	
I give permission for the Camp Victory Lake Summer Camp to release my child/children to the following individuals.				
Name	Cell/W	Tork phone	Home phor	ie
Address				
Name	Cell/Wor	k phone	Home phor	ne
Address				
Name	Cel1/Wor	k phone	Home phone	
Address		/4		
understand that under no han those listed above we east one local name and r n order for this form to be	rithout my written aut number for emergency	thorization. I purpose, other	understand that I n than immediate fa	nust include at mily members
	1	1	/	1
Parent/Guardian)	(Date)	(Pa	rent/Guardian)	(Date)