



PICK-UP AUTHORIZATION INFORMATION FORM

Participant First Name _____ Last Name _____

In addition to me, I am authorizing the following person(s) to pick-up the above names participant.

I understand that the authorized person(s) below have permission to pick-up my child at any time from AnBryce Foundation programs. If this information changes and I wish to remove any person(s) from the list, I will contact the AnBryce Foundation *immediately* via telephone (703) 286-1408 or fax (703) 286-1406. If I wish to add any person(s) to the list, I will notify the AnBryce Foundation in writing by mail or fax or Camp Dogwood June through August at (540) 948-5703 or fax (540) 948-5720.

1. Authorized Person _____

Address _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Relationship to Participant _____

2. Authorized Person _____

Address _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Relationship to Participant _____

3. Authorized Person _____

Address _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Relationship to Participant _____