

7



SOUTHFIELD HIGH SCHOOL
MARCHING BLUE JAYS BAND CAMP
CAMP DEPARTURE INFORMATION



Student Name _____

Parent/Guardian Name _____

Home Phone # _____ Cell Phone # _____

_____ Yes I will be at the Skyline Camp and Retreat Center on Saturday August 8, 2015 at 12:00PM (Noon) to see the show and to take my child home from Band Camp. (Bring chairs, blankets)

_____ No I will not be at the Skyline Camp and Retreat Center on Saturday August 8, 2015. Please list below who is authorized to take your child home from Band Camp.

I, _____ Parent / Guardian of _____
(Name of Parent /Guardian) (Student Name)

give permission for my daughter / son to depart from Skyline Camp and Retreat Center, the Southfield High School Marching Band Camp on Saturday August 8, 2015 with

(Name of Authorized Person)

relationship to student _____

Their contact / cell phone # is _____

PARENTS – IN CASE OF EMERGENCY:

Please contact the Skyline Camp and Retreat Center at (810) 798-8240 and inform the SHSIMSG Executive Board of any changes in departure information.

Parent / Guardian Signature

Date