

Courtenay Recreation Lewis Centre

489 Old Island Highway Courtenay, BC. V9N 3P5

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Drop off/Pick up Auth	orization				
Ι,	acknowledg	e that on the	e date(s) of		
my child,		_ will be:			
Dropped off \square	Picked up □				
from their camp:	(Camp name)	by	(Person's name)	(Relation)	
By signing the indicate from camp on the date	-	_	•	opped off and/or picked	up
*If additional dates re	quired please inforr	m camp lead	ers ASAP or contact th	e front desk.	
Parent/Guardian Name	e:				
Parent/Guardian Signa	ature:				
Date:					