

# SportsCamp 2010

**Form E**  
Travel  
Form

100 ELIZABETH STREET • P.O. BOX 369 • OGDENSBURG, NEW YORK 13669  
TELEPHONE: 315-393-2920 • FAX: 1-866-314-7296 • youthministry@diogdensburg.org

We Can't Wait to See You at  
**SportsCamp...**  
 But we also need to know how you will be  
 getting home.

The camper(s):

\_\_\_\_\_ will be returning home.

(print name(s))

\*\*\*\*\*

<b>With:</b>	Parent/Guardian
<b>With:</b>	

(please check one)

YOU ARE WELCOME TO MAIL THIS FORM IN WITH YOUR HEALTH FORMS,  
 OR YOU MAY BRING IT WITH YOU TO SportsCamp  
 Diocese of Ogdensburg  
 Office of Youth Ministry  
 100 Elizabeth Street PO Box 369  
 Ogdensburg, NY 13669

\*\*\*\*\*

I, the undersigned parent or guardian, consent to the above named camper's release from SportsCamp.

Date: \_\_\_\_\_

\_\_\_\_\_ Print & Signature of Parent/Guardian