



Please return by March 1 to:
CAMP APOLLO
 Post Office Box 34
 Plainview, NY 11803

H-6

**EMERGENCY CONTACTS/ADDITIONAL PEOPLE WITH PERMISSION
 TO PICK UP MY CHILD**

NAME: _____ **DOB** _____ **GROUP** _____
Last Name First Name

	First & Last Name	Daytime Phone#	Cell Phone#	Relationship
Mother:	_____	_____	_____	Mom
Father:	_____	_____	_____	Dad
Alternate:	_____	_____	_____	_____
Alternate:	_____	_____	_____	_____
Alternate:	_____	_____	_____	_____
Alternate:	_____	_____	_____	_____
Alternate:	_____	_____	_____	_____
Alternate:	_____	_____	_____	_____