GROWING GARDENS
Cultivating Community

Children's Peace Garden Summer Camp
Parent/Guardian Release Form

I authorize the following people to sign my child in and/or out of the Children's Peace Garden Summer Camp during the week of _____ or on these specific dates _____.

	Name	Relationship to child	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I authorize _____ to ride his/her bike, walk, or take the bus to and from the Children's Peace Garden on these dates _____.

_____ _____

Signature of Parent or Guardian Date

Additional Notes:

_____

_____

_____