

Permission to pick up and/or drop off camper at SeaTac

Airport and transport to and/or from Camp Waskowitz

I,	do hereby give permission	
(print name of	parent/guardian)	• • •
	(p	rint name of camper)
from SeaTac Airport and trai	nsport to Camp Waskowit	z, 45505 SE 150 th St, North Bend,
WA 98045. If camper needs	transportation back to Se	aTac Airport after camp is over, I
give my permission for Peter	Fewing Soccer Camp Sta	aff to transport back to airport.
Peter Fewing Soccer Camp S	Staff will call above paren	t/guardian to confirm that camper
has been picked up and/or dr	opped off camper at desig	gnated departure gate.
Patty Fewing cell: 206-501-8	3864 Camp Waskowitz:	425-277-7195
Arrival Itinerary:		
	Airline:	Fight #:
Departure Time: Arrival Time:		
Departure Itinerary:		
	Airline:	Fight #:
Departure Time:	Arrival T	`ime:
Cell Phone: H	Ione Phone: F	Relationship to camper:
Signature/Date:		
Digitator Date		