



Parks & Recreation Department

Summer Day Camp

Vacation Request Form

Date of Request: ____/____/____

Name of Camper: _____

Camp: _____

Vacation Dates Requested: ____/____/____ ____/____/____ ____/____/____
____/____/____ ____/____/____

Total Number of days Requested: _____

Parent of Camper Date _____

Approval:

Libby Baker-Program Supervisor Date _____

Shawn Roby- Director of Parks and Recreation Date _____

Please Forward the Original to Parks and Recreation Office