

PARENT ITINERARY

Camper Name: _____ Parents' Name: _____

If you will be away from your permanent or summer home address for any period of time this summer, you must submit the Parent Itinerary below.

Dates away from home address:

1. From: ____/____ Until: ____/____

We will be staying at: _____

Address: _____

Phone: () _____

2. From: ____/____ Until: ____/____

We will be staying at: _____

Address: _____

Phone: () _____

3. From: ____/____ Until: ____/____

We will be staying at: _____

Address: _____

Phone: () _____

**Best way to contact you while you are away: _____

**Alternate Emergency Contact: _____

PLEASE RETURN THIS FORM AT LEAST ONE WEEK BEFORE YOUR VACATION TO:

Camp Mataponi
838 Sebago Road
Naples, ME 04055
Fax: (207) 787-3222