



**JEFFERSON LAKES
DAY CAMP**
PO Box 426
Stanhope, NJ 07874

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973 691-4813 FAX

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GENERIC PERMISSION SLIP

I give my camper _____ grp _____
permission to attend the following Jeff Lake Camp Trip _____
on ____ / ____ / 09.

Parent Name: _____

Parent Signature: _____

Emergency Phone Number: _____

If applicable, my child's evening drop-off location will be:

- Harrison School, Livingston
- Parsippany High School
- Jeff Lake Camp