



Eastercamp 2017

Leave Pass Request Form

Name: _____

Eastercamp Registration Number: _____

Email: _____

Group: _____

DOB _____

Requested date of leave: _____

Approximate time of leave: _____

Date of return: _____

Approximate time of return: _____

Reason:

I consent that all the information given above is true.

Signed (camper): _____ Date: _____

As the parent/caregiver for the person named above, I give consent for them to leave site during the time and date stated above.

Signed (parent/caregiver): _____ Date: _____

Requests must be in by Friday April 7th 2017. That includes posted forms.

Please scan your completed form to leavepasses@eastercamp.org.nz OR post it to: Leave Passes, EC17, PO Box 5533, Papanui, Christchurch.
Once your leave pass has been processed, someone from our office will contact you to confirm it, please note: this can take a few working days. Please be patient.