



# CAMP STANISLAUS



"a lifetime of memories and friendships"

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## CIT DEPARTURE FORM

Parents Name: \_\_\_\_\_

CIT Name: \_\_\_\_\_

\_\_\_\_\_ My child, has permission to leave campus during their off time and may stay off campus during off nights.

\_\_\_\_\_ My child, has permission to leave campus during their off time but must stay on campus during off nights.

\_\_\_\_\_ My child, does not have permission to leave campus during their time off.

Additional Notes:

\_\_\_\_\_

Parents Signature

\_\_\_\_\_

Date: