



# Eastercamp 2024

## Leave Pass Request Form

Full Name: \_\_\_\_\_

Eastercamp Registration Number: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Youth 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 the site during the time and date stated above. Signed (parent/caregiver): \_\_\_\_\_

Date: \_\_\_\_\_ Phone \_\_\_\_\_

Requests **MUST** be emailed to [info@eastercamp](mailto:info@eastercamp) by 22nd March 2024. No exceptions. Do not hand this to us at camp.

**Note: Once approved, this leave pass will be electronically attached to your registration. When it is time to leave camp you can just go straight to the front gate (where you checked-in) to sign out. You will not need to tell the EC Office at camp.**

Scan your completed form to: [info@eastercamp.org.nz](mailto:info@eastercamp.org.nz)

**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.**