

Camp Shamrock Trip Camp

July 14th - 18th

1st - 4th Grade

I _____(parent's name) give my child, _____(student's name), permission to attend Trip Camp with Camp Shamrock staff, understanding that they will be going off campus daily from 7/14-7/18 during camp hours on the SPA Buses. I also understand that I will be provided with the list of locations that Camp Shamrock will be traveling to as camp's start date approaches.

Parent Signature

Date