



Junior IMN 2026 Pick-Up Partners

Camper Name: _____

Parent/Guardian Name: _____

Pick-up Partner #1

Name: _____

Relationship to Child: _____

Primary Phone: _____ Cell Phone: _____

Email: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Pick-up Partner #2

Name: _____

Relationship to Child: _____

Primary Phone: _____ Cell Phone: _____

Email: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Pick-up Partner #3

Name: _____

Relationship to Child: _____

Primary Phone: _____ Cell Phone: _____

Email: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____