

Student Last Name: \_\_\_\_\_

University: \_\_\_\_\_



## Washington Business Week Summer Programs

### STUDENT CHECK OUT FORM– Residential Only

#### **IMPORTANT! Please bring this form with you to registration at camp!**

Students are requested to leave their Washington Business Week program:

1. Friday night following the Awards Ceremony  
Check out is from 9:00 p.m. to 11:00 p.m. on Friday evening.

**OR**

2. Saturday morning  
Check out is from 8:30 a.m. to 10:00 a.m. on Saturday. Students **must** check out by 10:00 a.m.

For safety reasons, we ask that you tell us below **WHEN** your student will be leaving Washington Business Week and **WHO** they will be returning home with.

Please note that your student will **ONLY** be released from Washington Business Week with the person(s) written on the form below **AFTER** they have received approval from the Washington Business Week Staff. If your student attempts to check out with someone not listed below, we will call you (the parent/guardian) to verify.

For the safety of our students, students must check out through the Business Week Office on campus. The Washington Business Week Staff will check the identification of the person(s) checking out each of our students.

**Please bring photo identification to the Washington Business Week Office when checking out your student.**

We appreciate your understanding in this important matter.

My student is attending a program at: (circle) SEATTLE      GONZAGA

Student's Full Name: \_\_\_\_\_

Student will be leaving:       FRIDAY after the Awards Ceremony starting at 8 p.m.       SATURDAY no later than 10:00 a.m.

Student will be leaving via:       Parent       Relative       Sibling       Friend       Carpool  
    A Group: Name \_\_\_\_\_       Bus       Train       Air       Other \_\_\_\_\_

Name of individual(s) I authorize to provide transportation: \_\_\_\_\_  
(Photo ID required at check out)

Parent/Guardian Name: \_\_\_\_\_      \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
   Print Name      Parent/Guardian Signature      Phone      Date

#### ***For Office Use Only***

Form turned in by parent/guardian at registration.

ID checked       Staff Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_      Signature: \_\_\_\_\_

*Business Week, Healthcare Week, Agri-Energy Week, Manufacturing Week, and Advanced Business Week are programs of the  
Foundation for Private Enterprise Education, a 501(c)(3) organization.*

#### **Washington Business Week**

923 Powell Ave SW, Suite 100 | Renton, WA | 98057

Phone: 253.815.6900

Fax: 253.815.6985

Email: registrar@wbw.org