



TRANSPORTATION FORM

CHILD'S / CHILDREN'S INFORMATION

FULL NAME: _____ DOB _____ M F

FULL NAME: _____ DOB _____ M F

FULL NAME: _____ DOB _____ M F

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME _____

BEST CONTACT PHONE # _____

PARENT/GUARDIAN NAME _____

BEST CONTACT PHONE # _____

OTHER GUARDIAN(S) INFORMATION

Please list the contact information of anyone (other than parent(s) or guardian(s) listed above) that are approved to meet your children at their bus pick-up / drop-off location.

NAME _____

RELATIONSHIP _____ PHONE _____

NAME _____

RELATIONSHIP _____ PHONE _____

PRICING

\$175/week for round trip busing

\$50/week for each additional sibling

PAYMENT INFORMATION (Please check one)

- Please charge the credit card I provided on my camp application for the full cost of transportation, in the amount of \$_____
- I have enclosed a check for the full cost of transportation, in the amount of \$_____

