



TRANSPORTATION CARD

PLEASE FILL OUT IF YOU REQUIRE TRANSPORTATION

Camper Name(s): _____ Phone: (____) _____

Address: _____
Street City

Date(s) of Birth: _____

Please indicate the names of cross streets:

1. _____

2. _____

Season Type

- _____ Full Season
- _____ 4 Weeks- July
- _____ 4 Weeks- August
- _____ 1st 6 Weeks
- _____ 2nd 6 Weeks

For Kindergarten and Younger

- _____ 9 am to 1 pm
- _____ 11 am to 4 pm