

Adventure Camp 2010 Transportation Form

Camper Name: _____ Session: _____

Home Phone: _____ Parents Cell Phone: _____

Please check how you child will be arriving to Adventure Camp

I will bring my child/children to camp

A friend/relative will bring my child/children to camp

Name of person: _____

Relationship: _____

Phone/Cell phone: _____

Days they will bring my child to camp: Please circle all that apply

Monday Tuesday Wednesday Thursday Friday

Please check how your child will be departing from Adventure Camp
(Id will be required for pick up)

I will pick my child/children up from camp

A friend/relative will pick my child/children up from camp

Name of person: _____

Relationship: _____

Phone/Cell phone: _____

Days they will pick up my child from camp: Please circle all that apply

Monday Tuesday Wednesday Thursday Friday