



# CRESTWOOD VALLEY TRANSPORTATION CARD

*Please fill out this card and return it with your camper application form.*

PLEASE PRINT

Child's Name \_\_\_\_\_

Surname

Given Name

OFFICE:

App. #

Group

Age

## TO CAMP

Please pick up my child at this address:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

\_\_\_\_\_

## FROM CAMP

Please drop my child off at this address:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Person who will receive my child:

\_\_\_\_\_

*Please check your child's programme*

MORNING ONLY

3/4 DAY

FULL DAY

July

August

6 Weeks

July + Last Two Wks

July/August

First Two wks-August

Last Two wks-August

Parent/Gardian Signature: \_\_\_\_\_