

PLEASE FILL OUT AND RETURN TO CAMP

REQUEST FOR BUS TRANSPORTATION

LAST NAME _____ FIRST NAME _____

DIVISION _____ POSITION _____

ADDRESS _____

TOWN _____ ZIP _____

CROSS STREETS

PHONE _____

PLEASE CHECK:

___ I need a ride to camp in the morning.

___ I am a Full day counselor and need a ride home at 4:00 PM

___ I am a Mini day counselor and need a ride home at 1:15 PM

___ I would like to be considered for a job as bus counselor if it is possible.

___ I do not need a ride to or from camp

(For Office Use) You have been assigned to bus # _____.