

Camper Name:	
Date of Birth:	
Session Start Date:	

CAMP ICAGHOWAN

2017 Transportation Change Form

Transportation has limited availability and all changes must be received at least 1 week prior to your child's camp session start date.

Adding a Bus				
Please refer to your Camp's I	Parent Handbook	for fees, bus pick up an	d drop off locations	s, and times.
Parent Transportation:REI in Bloomington	☐ to camp ☐ to camp	☐ from camp ☐ from camp		
Cancelling a Bus Please refer to your Parent H	landbook for the	Camp Refund Policy		
☐ To Camp Dat	e:			
From Camp Dat	e:			
Payment Informaton				
Check included	Amount enclosed:		_	
Please charge my :	☐ Visa	☐ MasterCard	Discover	☐ American Express
Account Numb	oer:		Expiration Date	:
Card Holder's	Name:			
Card Holder's	Signature:			

Please return this form:

YMCA Customer Service Center
2125 East Hennepin Avenue, Suite 100
Minneapolis, MN 55413
Phone: 612-822-2267 | Fax: 612-223-6322
Upload document at ymcamn.org/contact_us