

Camper Name: _____ Date of Birth: _____ Session Start Date: _____

CAMP ICAGHOWAN 2019 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 Parent Handbook for fees, bus pick up and drop off locations, and times.

• Parent Transportation:	
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to camp from camp

Shoreview YMCA bus

 \Box to camp \Box from camp

CANCELLING A BUS

Please refer to your Parent Handbook for the Camp Refund Policy

	To Camp	Date:				
	From Camp	Date:				
PA	MENT INFORMA	ATION				
	Check included		Amount encl	osed:		
	Please charge m	ıy :	🗌 Visa	MasterCard	Discover	American Express
	Account Number: Expiration Date:					
	Card Holder's Na	ame:				
	Card Holder's Si	ignature: _				

Please return this form: YMCA CUSTOMER SERVICE CENTER 651 Nicollet Mall, Suite 500 Minneapolis, MN 55402 Phone: 612-822-2267 | Fax: 612-223-6322 Upload document at http://ymcatwincities.custhelp.com/app/ask