



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CAMP WIDJIWAGAN

## 2020 OUT-OF-STATE TRANSPORTATION

Camper's Name: \_\_\_\_\_ Camp Session: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### BUS TRANSPORTATION. (Please check one)

Widjiwagan offers bus transportation to and from camp. Indicate mode of transportation below.

We will provide our own transportation: to camp \_\_\_\_\_ from camp \_\_\_\_\_  
White Bear Lake YMCA: to camp, \$70 \_\_\_\_\_ from camp, \$70 \_\_\_\_\_  
Cloquet: to camp, \$45 \_\_\_\_\_ from camp, \$45 \_\_\_\_\_

### AIRPORT TRANSPORTATION. (Please check one)

Widji can arrange transportation to or from the airport, bus or train station as a part of your camper's arrival and/or departure plans. If your camper requires out-of-state transportation accommodations in order to get to camp, they must arrive in St. Paul the evening before the first day of their session. We can provide overnight accommodations and meals for these campers. Please select from the following out-of-state transportation options:

(These charges INCLUDE the cost of the bus ride to camping or from camp returning to the White Bear YMCA.)

1. Transportation, before session, plus one night housing and meals \$185 \_\_\_\_\_
2. One-way transportation after session only to airport, bus or train station. \$115 \_\_\_\_\_

### TRANSPORTATION TO WHITE BEAR LAKE. (Please fill out all that apply)

1. \_\_\_ The following relative/friend will provide transportation to and from the bus.  
Name : \_\_\_\_\_

Home Number : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

2. \_\_\_ Pre-session transportation information. BUS AIR TRAIN (Circle one)

On : \_\_\_\_\_ At : \_\_\_\_\_ On : \_\_\_\_\_  
DAY & DATE TIME FLIGHT NUMBER

On : \_\_\_\_\_ or \_\_\_\_\_  
AIRLINE TRAIN OR BUS NUMBER

Place of transportation origin: \_\_\_\_\_

3. \_\_\_ Post-session transportation information. YES or NO (Circle one)

On : \_\_\_\_\_ At : \_\_\_\_\_ On : \_\_\_\_\_  
DAY & DATE TIME FLIGHT NUMBER

On : \_\_\_\_\_ or \_\_\_\_\_  
AIRLINE TRAIN OR BUS NUMBER

Flight Destination : \_\_\_\_\_

4. \_\_\_ I am traveling with fellow camper (Name) : \_\_\_\_\_

Please mail or fax this form to the YMCA Customer Service Center by May 15, 2020  
YMCA Customer Service Center, 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402  
Phone: 612.822.2267 | Fax: 612.223.6322 | upload document at: [http://ymcamn.org/contact\\_us](http://ymcamn.org/contact_us)