



Transportation Registration Form

Reservations must be made 4 weeks prior to departure date

Camper Name: _____ Camp Session: _____ Acct. #:see invoice_____

Departure city: _____ Departure Date: _____ Cost: _____

Returning city: _____ Returning Date: _____ Cost: _____

TOTALCOST: _____

Authorized person(s) who will pick up camper from bus/van stop: _____

Phone #(s) of above in case of bus delay: Home/work () _____ Car/cell: () _____

PAYMENT INFORMATION: _____ Check enclosed _____ Visa _____ MasterCard

Credit Card Number: _____ - _____ - _____ - _____ Exp. Date ____/____ CSV: _____

Cardholder Signature: _____

Cardholder phone number: _____

A 72-hour cancellation notice is required to avoid forfeiture of transportation fees

For **Rhineland** or **Central Wisconsin Airport**, please put the airport name in as the departure/returning city and **attach flight itinerary or include airline carrier, flight number, and arrival time.**

WHITE COPY: Transportation Coordinator

YELLOW COPY: Accounts Receivable

PINK COPY: Camper Family