

Transportation to Camp Bluebird Information

Please mark **ONLY 1 option**

Name: _____ I will be driving myself to camp. Please give the information below.

Vehicle Type: _____ Tag. # _____

_____ I am being dropped off by family/friend

_____ I am carpooling with _____ or

_____ I am willing to have other campers carpool with me

_____ I am requesting a reservation for transportation to Camp Bluebird on Friday, April 19, 2013

Transportation will leave from St. Thomas Hospital area promptly at **7:45 a.m.**

NO EXCEPTIONS!

Specifics will be sent to you prior to camp.

Telephone: _____

Cell Phone: _____

e-mail: _____

THIS FORM MUST BE RETURNED

Please call Erin Walters (615-222-3299) if you have questions or concerns