

Name of Camper \_\_\_\_\_

## Transportation Request Form

*If you are providing your own transportation, please disregard this form*

**Site you are attending:** Please be sure to apply to the site which is closest to your pick up/drop off address

<p><b>Camp Happiness sites</b> Choose just one</p> <p>Borromeo, Wickliffe _____ Parmadale, Parma _____ Lakewood Catholic Academy _____</p>
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<p><b>Augustine Rainbow Camp</b> At St. Augustine Church Cleveland _____</p>
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<p><b>RoseMary Center</b> At OLA/St. Joseph Center _____</p>
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PLEASE COMPLETE AND RETURN this form as soon as possible if you would like transportation to and from camp.

Transportation will only be provided if funding is available for this service.

**Funding for transportation may be available for Cuyahoga County residents ONLY.**

The Transportation Company needs to have an address on file no later than May 29, 2012

*The Transportation Company will call you with times for pick-up & drop-off. **\*\*They may not call you until the weekend before camp begins\*\****

### Camper Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M  F  Height: \_\_\_\_\_

Does the Camper use a wheelchair? Yes  No  Does the camper need the wheelchair on the van? Yes  No

Can wheelchair be folded and put on the van? Yes  No

Any conditions, allergies or special medical needs the driver should know about?

Any other comments regarding camper's self-help skills:

### PICK UP ADDRESS:

Address: \_\_\_\_\_, City \_\_\_\_\_, Zip \_\_\_\_\_

What main Intersection is this closest to? \_\_\_\_\_

Name and phone number of person at this address (parent? baby-sitter? grandparent? etc.)

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### DROP OFF ADDRESS:

Address: \_\_\_\_\_, City: \_\_\_\_\_, Zip: \_\_\_\_\_

What main Intersection is this closest to? \_\_\_\_\_

Name and phone number of person at this address (parent? baby-sitter? grandparent? etc.)

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### Parent Information

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Guardian \_\_\_\_\_ When is the best time to reach you? Day  Evening

Home Phone (\_\_\_\_) \_\_\_\_\_

Mother's Work Phone (\_\_\_\_) \_\_\_\_\_ Father's Work Phone (\_\_\_\_) \_\_\_\_\_

Mother's Cell Phone (\_\_\_\_) \_\_\_\_\_ Father's Cell Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Info: The transportation company will attempt to drop the camper off, if no one is home, all other campers will be dropped off. The Transportation Company will make every effort to contact the parents and emergency contacts. If at the end of the route no one can be contacted, the camper will be taken to the local police station. Please verify the accuracy of all contact phone numbers.**

### Emergency Drop Off #1


Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ 2nd Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Drop Off #2

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ 2nd Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_