

Car Pool Form (Optional)

By filling out this form your name and contact information will be added to a distribution list. This list will only be supplied to others who have also submitted their information. This is being done as a courtesy to our parents, but is not a guarantee.

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

Camp Week(s) (circle all that apply):

June 22nd - June 26th

June 29th - July 3rd

July 6th - July 10th

July 20th - July 24th

August 3rd - August 7th

August 10th - August 14th

August 17th - August 21st

August 24th - August 28th

Camper Type: (circle): Full Day Half Day