

A NOTE TO ARROWHEAD DAY CAMP

Transportation Change Request

FAX (610) 695-8118

E-MAIL chiefarrowhead@comcast.net

Date _____

Camper's Name(s) _____ / _____

Bunk(s) _____ / _____

Vehicle _____

REQUEST FOR TRANSPORTATION CHANGE

My child(ren) will be picked up at _____ on _____ at the camp office.*
Time
Date

****PICK UP MUST BE NO LATER THAN 3:00!!!***

Please allow my child to be dropped off at the home of _____ who also rides on the same vehicle as my child.

My child(ren) will be dropped off at camp at _____ on _____.
Time
Date

****DROP OFF MUST BE NO EARLIER THAN 9:30!!!***

Parent's Signature _____

* Please indicate name of individual if not parent or guardian
