

Please mail/email/fax this form to the YMCA Customer Service Center. YMCA Customer Service, 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402

Phone: 612-822-2267 Fax: 612-223-6322

Upload document at ymcanorth.org/contact_us

OUT-OF-STATE TRANSPORTATION FORM YMCA CAMP WIDJIWAGAN

Camper's Legal Name: _____ Camp Session: _____

Parent	's Name:				Phone:
Parent's Name:				Phone:	
	RANSPORTATION (PLEASE CHECK ONE) agan offers bus transportation to and from car	np. Indicate	mode	of trans	sportation below.
١	We will provide our own transportation: \Box	to camp		☐ from	camp
	White Bear Lake YMCA: □	to camp, \$8	0 E	☐ from	camp, \$80
	Cloquet: 🗆	to camp, \$4	·5 [☐ from	camp, \$45
Widji concentration with the even with the e	ORT TRANSPORTATION (PLEASE CHECK ONE) an arrange transportation to or from the airportequires out-of-state transportation accommening before the first day of their session. We consider the following out-of-state transport	odations in an provide	order overnig	to get t	o camp, they must arrive in the Twin Cities
(These c	harges INCLUDE the cost of the bus ride to camping or fr	om camp retui	rning to	the White	e Bear YMCA.)
	1. Transportation, before session, plus one night housing and meals.				
	2. One-way transportation after session only to airport.				
TRAN	1. The following relative/friend will provide Name:	e transport	ation t	to and f	rom the bus.
	Home Number: Cell Phone:				
	2. Pre-session transportation information	ı. YES	or	NO	(Circle one)
	On: At:				On :
	On: or: rain or bus number				
_					
	3. Post-session transportation informat				(Circle one)
	On: At: TIME				On :
	On:		or:		
	AIRLINE			N OR BUS NUI	MBER
П	4 I am traveling with fellow camper (Nan	1a).			