

# 2008 Travel Info.

CAMPER'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SESSION:  1st Session  2nd Session  8 Weeks

Camp Horseshoe transportation will be needed: (Check all that apply)

## TO CAMP

- BUS FROM CHICAGO
- BUS FROM MILWAUKEE
- BUS TRANSPORTATION NOT NEEDED

## HOME FROM CAMP

- BUS TO CHICAGO
- BUS TO MILWAUKEE
- BUS TRANSPORTATION NOT NEEDED

## FLIGHT INFORMATION, FOR OUT OF TOWN CAMPERS:

DATE	AIRLINE	FLIGHT #	FROM	TO	DEPARTURE TIME	ARRIVAL TIME
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Please return this form via fax to Camp Horseshoe by May 1st, 2008  
FAX: 847-433-9145**