



2009 Camper Travel Information

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, 2009
FAX: 847-433-9145