

Please use this form only to make changes in bus transportation plans that are different from what is indicated on the enclosed parent letter.

NO REFUNDS ON BUS TRANSPORTATION FEES

Camper's Name: _____

Session Dates: FROM: _____ TO: _____

Check the appropriate boxes for your camper's transportation needs:

Saint Paul: To camp \$63 From camp \$63

Cloquet: To camp \$42 From camp \$42

Virginia: To camp \$28 From camp \$28

Enclose payment for any additional bus transportation charges not included in your original billing.

_____ Check included Amount enclosed: _____

_____ Please charge my: Visa MasterCard Discover American Express

Account Number: _____ Expiration Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Refer to your 2010 Information Booklet for more information about "Getting to Widjiwagan."