



1 Harry S. Truman Parkway  
 Annapolis, MD 21401  
 410-222-7313 / 301-261-8036

*Please check one:*

*Day Camp*\_\_\_\_  
*Pre-Teen Camp*\_\_\_\_  
*Teen Camp*\_\_\_\_

# Important

**Please return the following information ASAP, it is important for our records. You may mail to the above address or fax (410) 222-4120 attention Jacque Hurman. In order to ensure your bus route selection, all information must be received 2 weeks prior the start of camp on June 23rd.**

**Camper's Name:** \_\_\_\_\_

**Bus Route: (Check one)**

- A \_\_\_\_\_  
**(Circle Location)**  
 North Glen ES  
 Linthicum ES  
 Corkran MS  
 Glen Burnie HS  
 Marley MS

- B \_\_\_\_\_  
**(Circle Location)**  
 AACC (stadium lot)  
 Belvedere ES  
 Sunset ES  
 Jacobsville ES

- C \_\_\_\_\_  
**(Circle Location)**  
 Quarterfield ES  
 Spalding HS  
 Old Mill HS  
 George Fox MS

**Bus Route: (Check one)**

- D \_\_\_\_\_  
**(Circle Location)**  
 Brockbridge ES  
 Meade MS  
 Severn ES

- E \_\_\_\_\_  
**(Circle Location)**  
 Arundel HS  
 Benfield ES  
 Severna Park HS  
 Lake Waterford Park

Emergency Contact Name (Other than parent/or pickup person): \_\_\_\_\_

Emergency Contact's Number (during pick up time): \_\_\_\_\_

My child \_\_\_\_\_ has permission to walk home without adult supervision from the bus stop.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*PLEASE CHECK ONE OF THE CAMPS LISTED IN THE UPPER RIGHT CORNER AND RETURN THE ENTIRE SHEET WITH YOUR PAPERWORK TO OUR OFFICE. THANK YOU FOR YOUR ASSISTANCE.**