



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 by June 9th, 2 weeks prior the start of camp on June 23rd.

Camper's Name: _____ **Session** 1 2 3 ALL (please circle)

Bus Route: (Check one)

A _____

(Circle Location)

- Crofton ES
- Davidsonville Park/Ride
- Arundel Swim Center
- Annapolis MS

B _____

(Circle Location)

- Davidsonville ES
- Central ES
- Edgewater ES
- Rolling Knolls ES

Bus Route: (Check one)

C _____

(Circle Location)

- Danker Furniture (Arnold Station/Rt. 2)
- M & T Bank (Baydale)
- Cape St. Claire ES
- Germantown ES

D _____

(Circle Location)

- Paceway (Churchton)
- Food Rite (Deale)
- Lothian ES
- Southern HS
- Riva Fire Hall

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.**