

CAMP TAG

TOWN OF GILDERLAND

Camper's Name: _____

Grade: _____

Camp Name: _____

Location: _____

Emergency Contact: _____ Phone: _____

Camper Will Travel home by Bus (Name of Bus) _____

to (Address) _____

Camper Will be Picked Up By: _____

Please Have Your Child Bring This Tag to the First Day of Camp

For Bus Questions, Contact Sue Splak at 491-9715

For Camp Questions, Contact the Camp Office at 456-3475

Guilderland Parks & Recreation, 181 Rte 146, 456-3150