

**TOWN OF GUILDERLAND**

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

Grade: \_\_\_\_\_

Camp Name: \_\_\_\_\_ Location: \_\_\_\_\_

Camper Will Travel home by Bus (Name of Bus) \_\_\_\_\_  
to (Address) \_\_\_\_\_

**OR**

Camper Will be Picked Up By: \_\_\_\_\_ Phone: \_\_\_\_\_

In the Event of an Emergency:

Camper Will be Picked Up By: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please Have Your Child Bring This Tag to the First Day of Camp  
\*\*\*Send Note with Camper if Travel Home Arrangements Change\*\*\*  
For Bus Questions, Contact Sue Spiak at 867-6907.  
For Day Camp Questions, Contact the Camp Office at 456-3475  
Guilderland Parks & Recreation, 181 Rte 146, 456-3150***

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