



Camp Year Valid For: _____

TRANSPORTATION FORM

Scout Name (include nickname): _____

Street Address: _____

City, State ZIP CODE: _____

Home Phone Number: _____

Father's Information:

Mother's Information:

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Pager: _____

Pager: _____

E-mail: _____

E-mail: _____

The following people ALSO have my permission to transport my child to and/or from Camp Tomahawk, held at the Anne Arundel County Fairgrounds.

Name: _____

Cell Phone: _____

Relationship: _____

E-Mail: _____

Name: _____

Cell Phone: _____

Relationship: _____

E-Mail: _____

Name: _____

Cell Phone: _____

Relationship: _____

E-Mail: _____

Name: _____

Cell Phone: _____

Relationship: _____

E-Mail: _____

NOTE: No one is allowed to transport your child from Camp but his or her parents/guardians or those persons listed above.

Parent Signature: _____

Date: ____ / ____ / ____

NOT VALID WITHOUT SIGNATURE