



Summer Recreation Information Form

Child's Name _____

Program/Class Attending: _____

Program/Class Times (include start and end time): _____

Home Address

City _____

Parent's Name _____

Parents Phone _____

Daycare Address (if applicable)

City _____

Provider's Name _____

Phone _____

Primary Pick-up Address:

Primary Drop-off Address:

2010 Calendar Circle dates rides are needed

June				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

July				
M	T	W	Th	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

August				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

Additional Comments: _____

Contact us at:

Hiawathaland Transit Toll Free: 1-866-623-7505 Fax: 507-534-9275

55049 241st Ave Email: transit.dispatchers@threeriverscap.org

Plainview, MN 55964 Website: www.threeriverscap.org/programs_transp.html