

HOBART LACROSSE CAMP - Transportation Form

YOU MUST COMPLETE AND SUBMIT THIS FORM at least 7 days prior to camp arrival in order for any camper to be picked-up from the airport/bus station. Camp Shuttle vans will only be at the airport/bus station if they are scheduled in advance.

CAMPER NAME: _____ Age (on arrival date): _____

ARRIVAL TO CAMP:

- We will have scheduled pick-ups from the **Rochester airport** at **1:00 PM** (preferred), **4:00 PM** & **8:00 PM** on the **DAY immediately prior to camp registration**.
- Additional arrangements can be made from the **Syracuse Airport** for similar times. **We ask that you make your flight schedule as close to those specific times for the convenience of your camper.**
- Special arrangements for additional pickups may be made for large groups also.

DEPARTURE FROM CAMP:

- Please make your **return flight arrangements** for the last day of camp for **5:00 PM OR LATER** so that we have enough time for the campers to get packed and to the airport.

Rates (Payable by **check to Hobart Lacrosse Camp - prior to camp**):

- **Rochester/Syracuse airports: One camper, one way = \$40.00. One camper, round trip = \$70.00**
- No charge for Geneva Bus Station

List emergency telephone number(s) of parent or guardian who can be reached on the travel dates:

() _____ - _____ () _____ - _____

CAMPER ARRIVAL INFO.

Mode (check one)	Arrival Date	Time (AM or PM)	Arrival City & Terminal (if avail.)	Airline & Flight #, Train # or Bus Co. & #
<input type="checkbox"/> Airplane	/ /			
<input type="checkbox"/> Train	/ /			
<input type="checkbox"/> Bus	/ /			

Comments regarding arrival: _____

CAMPER DEPARTURE INFO.

Mode (check one)	Arrival Date	Time (AM or PM)	Arrival City & Terminal (if avail.)	Airline & Flight #, Train # or Bus Co. & #
<input type="checkbox"/> Airplane	/ /			
<input type="checkbox"/> Train	/ /			
<input type="checkbox"/> Bus	/ /			

Comments regarding departure: _____

For more information, contact HWS Conferences and Events Office at events@hws.edu or (315) 781-3103.

COMPLETE & RETURN FORM TO:

**HWS Conferences and Events Office
300 Pulteney Street
Geneva, NY 14456**

BY FAX: 315-781-4325

* Once we receive this form, our staff will contact you to confirm pick-up details. Thank you.