

CHALLENGE CAMP

Carole B. Berman
Director
P.O. Box # 586
Bronxville, New York 10708

Telephone 914-779-6024
Fax 914-793-2685
www.challengecamps.com
carole@challengecamps.com

Date: _____

Camper Names: _____

Re: New York City Challenge Camp bus transportation for summer camp

Dear Parents:

We have received your request for round trip bus service this summer. Mar-Can Transportation Co., Inc. is once again delighted to provide this service to you from Manhattan. Families residing downtown will have an additional surcharge based upon the number of campers using the service. **Please complete the map information page and return with your payment.**

The rates for this summer are as follows: (circle one)

SESSION 1	June 25– July 20	\$ 650.00
SESSION 2	July 23 – August 10	\$ 550.00
SESSION 1 & 2	June 25 – August 12	\$ 1150.00

Payment is due by April 1

Make check Payable to:

Challenge Camp
P.O. Box # 586
Bronxville, New York 10708

You will receive further information regarding exact pick up/drop off times and first day instructions in June prior to the start of camp. If you have any questions, feel free to contact us at the Challenge office.

We look forward to a wonderful camp season.

Sincerely,
Carole B. Berman
Director

01/16/12

MAR-CAN TRANSPORTATION CO, INC.

(914) 668-3772 * (914) 668-2205 * Fax (914) 68-2206

Dear Parent/Guardian:

As Challenge Camp approaches, Mar-Can Transportation Co. is proud to once again offer its service to New York City families attending the Challenge summer program. Mar-Can is a family business and has been transporting children for over 20 years to school and camp.

Our service area will include ALL OF MANHATTAN and all buses will be AIR CONDITIONED!

To receive more information and to reserve a seat for your child call the Challenge Camp Office at (914) 779-6024.

Sincerely,
Carole B. Berman

COMPLETE THE INFORMATION AND MAP BELOW AND SEND TO:
CHALLENGE, PO BOX 586, BRONXVILLE, NY 10708

Parent Name _____ Child Name _____
Address _____
Daytime Phone _____ Cell Phone _____
E-mail _____

Number of children attending _____ session 1 ___ session 2 ___

If pick up and drop off address is different than home, please provide full address, phone number and instructions:

Pick up _____
Drop off _____

Show the exact location of the building by marking map with an X on correct side of street.
Fill in all streets bordering your house/apartment.

Show nearest main roads.

If one way street, indicate with an arrow which direction.

We live between these two streets _____ and _____

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