

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: Westchester County Challenge Camp bus transportation for the summer

Dear Parents:

We have received your request for round trip bus service this summer. Mar-Can Transportation Co., Inc. is delighted to provide this service to you from the Westchester County area. They will make every effort to accommodate all transportation needs. **Please complete the reverse side of this form and submit with your payment.**

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

SESSION 1	June 25 – July 20	\$ 600.00
SESSION 2	July 23 – August 10	\$ 500.00
SESSION 1 & 2	June 25 – August 10	\$1050.00

Payment is due by April 1, 2012

Make check Payable to:

Challenge Camp
P.O. Box 586
Bronxville, NY 10708

You will receive further information regarding exact pick up/drop off times and first day instructions in June a few days 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

MAR-CAN TRANSPORTATION CO, INC.

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

Dear Parent/Guardian:

As Challenge approaches, Mar-Can Transportation Co., Inc. is proud to offer its service to Westchester area 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 WESTCHESTER and surrounding areas. All buses will be AIR CONDITIONED!

To receive more information and to reserve a seat for your child call the Challenge 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 your home 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.

MAR-CAN TRANSPORTATION CO, INC.

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

Dear Parent/Guardian:

As the Challenge Camp season approaches, Mar-Can Transportation Co. is proud to offer its bus service to the Mount Kisco/Bedford/Chappaqua/Pleasantville area families attending the Challenge summer program. Mar-Can has been associated with the Challenge Camp for five years and is excited to bring their professional and experienced staff to northern Westchester.

All buses will be AIR CONDITIONED!

Challenge Camp will offer three central pick up / drop off locations for your convenience. Please complete the information below and send to:

CHALLENGE, PO BOX 586, BRONXVILLE, NY 10708

Sincerely,
Carole B. Berman
(914) 779-6024
(914) 793-2685 Fax

Parent Name _____ Child Name -

Daytime Phone _____ Cell
Phone _____

E-mail _____

Number of children attending _____ session 1 ___ session 2 ___

West Patent Elem School	8:00am	Check here _____
Roaring Brook Elem School	8:15am	Check here _____
Jacob Burns Film Center	8:25am	Check here _____