

CAMP - of - the - WOODS

2020 COTW SUMMER STAFF TRANSPORTATION REQUEST FORM

Upload completed form to your personal CampBrain Account!

Today's Date: _____ Staff First/Last Name: _____
Staff Cell Phone #: _____ Staff Email: _____

Pick-Up Date (from one location to CAMP-of-the-WOODS): _____

Pick-Up Location Details:

Bus Station Name : _____

Train Station Name : _____

Airport Name : _____

OTHER Name/Address : _____

Flight/Bus/Train # _____

Flight/Bus/Train Time of Arrival: _____ ☐ AM **or** ☐ PM

Baggage Notes: _____

Drop-Off Date (from CAMP-of-the-WOODS to one location): _____

Drop-Off Location Details:

Bus Station Name : _____

Train Station Name : _____

Airport Name : _____

OTHER Name/Address : _____

Flight/Bus/Train # _____

Flight/Bus/Train Time of Departure: _____ ☐ AM **or** ☐ PM

Time to Depart COTW (Personnel to Determine): _____ ☐ AM **or** ☐ PM

Baggage Notes : _____

Approved by Personnel: _____ Date: _____

Fee/Charges: \$ _____ Date Paid in CampBrain: _____

Driver Name: _____ Date Confirmed w/Staff: _____