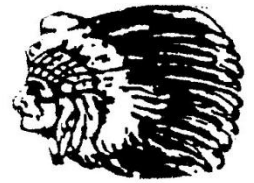




KENWAL DAY CAMP
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MELVILLE, NY 11747
TEL (631) 694.3399 FAX (631) 694.3841
www.kenwaldaycamp.com



Summer 2024

Dear Staff Member:

Time is fast approaching for another season at Kenwal Day Camp. One of the vital aspects of camp life is transportation. We must know **IMMEDIATELY YOUR NEEDS FOR TRANSPORTATION**. If you are driving a camp bus, the bus is your transportation. If you have your own transportation or if you **NEED** transportation **complete area below, A, B or C**. Please complete and return this sheet **IMMEDIATELY**. Thank-you.

Gary (The Bus) Mayers TRANSPORTATION DIRECTOR

NAME _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____ TOWN _____

HOME# _____ CELL# _____ POSITION _____

Please list two **cross streets** nearest your home- _____ or _____

A _____ I am a camp bus driver

1. If so your driver's license: State__ ID# _____

2. Please attach a **PHOTOCOPY** of your CDL license with this form

DO NOT COMPLETE ANY OTHER ITEMS ON THIS PAGE

B _____ I will provide my own transportation

1. Would you be willing to form a car pool with other drivers? _____ (Yes or No)

2. Would you be willing to give a ride to another counselor in your town, who does not drive? _____
(Y or N)

3. Tell us the car you *most often* will drive to camp:

MAKE (ex:"Nissan") _____ MODEL(ex:"Pathfinder") _____

COLOR _____ License Plate # _____

C _____ I need camp transportation

_____ If available, would you like to be a bus counselor? (yes or no)