



2012 Asthma Camp Transportation Form

Please tell us your preference for transportation to and from Asthma Camp.

CAMPER'S NAME: (Please Print) _____

I want to check in my child at:

_____ Happy Hollow Children's Camp in Brown County at **3:00pm** on Sunday, June 24, 2012
Happy Hollow Children's Camp - 3049 Happy Hollow Road, Nashville, IN 47448

_____ St. Paul's Episcopal Church in Indianapolis, IN at **1:00pm** on Sunday, June 24, 2012
St. Paul's Episcopal Church - 6050 N Meridian Street, Indianapolis, IN 46208

I want to pick my child up after camp at:

_____ Happy Hollow Children's Camp in Brown County at **10:00am** on Friday, June 29, 2012
Happy Hollow Children's Camp - 3049 Happy Hollow Road, Nashville, IN 47448

_____ St. Paul's Episcopal Church in Indianapolis, IN at **12:00pm** on Friday, June 29, 2012
St. Paul's Episcopal Church - 6050 N Meridian Street, Indianapolis, IN 46208

Parent Signature: _____

Print Name: _____

Date: _____