

Return this form to:

The Barton Center for Diabetes Education, Inc.
PO Box 356, 30 Ennis Road, North Oxford, MA 01537
Tel: 508 987 2056 Fax: 508 987 1053
www.bartoncenter.org

TRANSPORTATION ARRANGEMENTS

Camper's Name _____ Session _____
Contact: _____ Telephone Number: _____

Please contact the camp office at 508-987-2056, if any travel arrangements change for arrival or departure information. The camp office will also notify the contact person if travel arrangements are changed (i.e. flight delay, change in bus number, etc.).

PLANE:

T.F. Green Airport: Providence, R.I.

- My child will arrive by plane at Providence's T.F. Green Airport.
Airline: _____ Flight # _____
Date: _____ Time: _____ AM or PM Fee: **\$25.00 per camper.**
Arrival times must be between 11:30 AM and 1 PM on Opening Day.
Number of people accompanying camper: _____ \$25.00 per person.
- My child will depart by plane from Providence's T.F. Green Logan Airport.
Airline: _____ Flight # _____
Date: _____ Time: _____ AM or PM Fee: **\$25.00 per camper.**
Departure times must be between 8pm and 11pm on Thursday or 9 AM to 11 AM on Friday morning.
TOTAL ENCLOSED\$ _____

Logan Airport: Boston, M.A.

- My child will arrive by plane at Boston's Logan Airport.
Airline: _____ Flight # _____
Date: _____ Time: _____ AM or PM Fee: **\$25.00 per camper.**
Arrival times must be between 11:30 AM and 1 PM on Opening Day.
Number of people accompanying camper: _____ \$25.00 per person.
- My child will depart by plane from Boston's Logan Airport.
Airline: _____ Flight # _____
Date: _____ Time: _____ AM or PM Fee: **\$25.00 per camper.**
Departure times must be between 8pm and 11pm on Thursday or 9 AM to 11 AM on Friday morning.
TOTAL ENCLOSED\$ _____

BUS

- My child will arrive by bus in Worcester, MA.
Busline: _____ Pt. of Departure: _____
Date: _____ Time: _____ AM or PM Fee: **\$10.00 per camper.**
Number of people accompanying camper: _____ \$10.00 per person.
Arrival times must be between 11:30 AM and 1 PM on Opening Day.
- My child will leave by bus from Worcester, MA
Busline: _____ Destination: _____
Date: _____ Time: _____ AM or PM Fee: **\$10.00 per camper.**
Departure times must be between 8pm and 11pm on Thursday or 9 AM to 11 AM on Friday morning.
TOTAL ENCLOSED\$ _____

VAN

- My child will need transportation from Boston. He/she will be in the **New England Deaconess Hospital lobby PROMPTLY at 10:45 AM** on Opening Day. *(Across the street from Joslin Diabetes Center)*
Date: _____ Fee: **\$25.00 per camper.**
Number of people accompanying camper: _____ \$25.00 per person.
- My child will need transportation to Boston at the end of the camp session.
I will expect her to arrive at the New England Deaconess Hospital lobby by **8:30 PM** on the closing program day (Thursday).
Date: _____ Fee: **\$25.00 per camper.** **TOTAL ENCLOSED \$ _____**

Please list the names of people who will pick up your child if you are unable to, and please have them sign on the lines below. A picture I.D. and camper's security pass will be requested. **The child will not be released unless this is provided!**

Their Signature: _____

Their Signature: _____

Parent/Guardian Signature: _____

Return this form with payment NO LATER than 2 weeks prior to the session.
A space on the van used for transportation will not be reserved until payment is received.

*Note: The Barton Center **cannot** provide return service to Boston or Worcester for families accompanying campers to camp for registration.*

Passengers riding in a camp vehicle are expected to wear their seatbelt at all times, must remain seated while the vehicle is moving, and must not disturb the driver while operating the vehicle. Diabetes reaction kits and emergency roadside materials are in all camp vehicles. Campers traveling without parent/guardian supervision should pack their personal diabetes kits for travel purposes only.