

Return this form to:

The Barton Center for Diabetes Education, Inc.
PO Box 356, 30 Ennis Road, North Oxford, MA 01537
Clara Barton Camp Office 508-987-2056, Ext. 2012; Camp Joslin Office 508-987-2056, Ext. 2101
www.bartoncenter.org

THE BARTON CENTER CAMPER TRANSPORTATION ARRANGEMENTS

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

Please contact the camp office 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.). Please contact the camp office if the van is more than 30 minutes late.

PLANE:

T.F. Green Airport: Providence, RI

- My child will arrive by plane at Providence's T.F. Green Airport.
Airline: _____ Flight # _____
Date: _____ Time: _____ AM or PM Fee: **\$30.00 per camper.**
Arrival times must be between 1:00 PM and 3:30 PM on Opening Day.
Number of people accompanying camper: _____ \$30.00 per person.*

- My child will depart by plane from Providence's T.F. Green Airport.
Airline: _____ Flight # _____
Date: _____ Time: _____ AM or PM Fee: **\$30.00 per camper.**
Departure times must be between 8:00 AM to 11:00 AM on Friday.
TOTAL ENCLOSED \$ _____

Logan Airport: Boston, MA

- My child will arrive by plane at Boston's Logan Airport.
Airline: _____ Flight # _____
Date: _____ Time: _____ AM or PM Fee: **\$30.00 per camper.**
Arrival times must be between 1:00 PM and 3:30 PM on Opening Day.
Number of people accompanying camper: _____ \$30.00 per person.*

- My child will depart by plane from Boston's Logan Airport.
Airline: _____ Flight # _____
Date: _____ Time: _____ AM or PM Fee: **\$30.00 per camper.**
Departure times must be between 8:00 AM to 11:00 AM on Friday.
TOTAL ENCLOSED \$ _____

BUS

- My child will arrive by bus in Worcester, MA.
Bus line: _____ Point of Departure: _____
Date: _____ Time: _____ AM or PM Fee: **\$15.00 per camper.**
Arrival times must be between 1:00 PM and 3:30 PM on Opening Day.
Number of people accompanying camper: _____ \$15.00 per person.*

- My child will leave by bus from Worcester, MA.
Bus line: _____ Destination: _____
Date: _____ Time: _____ AM or PM Fee: **\$15.00 per camper.**
Departure times must be between 9:00 AM to 11:00 AM on Friday.
TOTAL ENCLOSED \$ _____

VAN

- My child will need transportation from Boston, MA. Pick-up time from **Joslin Diabetes Center lobby (located at 1 Joslin Place, Boston, MA) PROMPTLY at 11:00 AM** on Opening Day.
Date: _____ Fee: **\$30.00 per camper.**
Number of people accompanying camper: _____ \$30.00 per person.*
- My child will need transportation to Boston at the end of the camp session. Drop off- time at Joslin Diabetes Center lobby is **11:00 AM** on closing Friday.
Date: _____ Fee: **\$30.00 per camper.**
TOTAL ENCLOSED \$ _____

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 for family members 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.