

Camp Kawanhee - Camper Travel Form

PLEASE RETURN THIS FORM BY JUNE 1<sup>st</sup>. Mail to: Camp Kawanhee  
PO Box 789  
Yarmouth ME 04096  
Fax: 207 846 7731

CAMPER NAME:

PARENT EMAIL:

CAMPER SESSION

2 week

4 week

3 week

7 week

INBOUND TRAVEL TO CAMP

Driving \_\_\_\_\_ Approximate Time of Arrival \_\_\_\_\_

Flying \_\_\_\_\_

Arrival City

Airline

| Flight Number | Departure Time | Arrival Time |
|---------------|----------------|--------------|
|---------------|----------------|--------------|

Notes:

OUTBOUND TRAVEL FROM CAMP

Driving \_\_\_\_\_ Who will be picking up and at approximately what time

\_\_\_\_\_

Flying \_\_\_\_\_

Departure City

| Airline | Departure Time | Flight Number |
|---------|----------------|---------------|
|---------|----------------|---------------|

Notes:

Notes: