



**STAFF TRANSPORTATION FORM
Summer Camp 2009**

Name: _____

Address: _____

Current Phone Number: _____ **E-Mail Address:** _____

How do you plan on getting to camp? (Transportation) _____

Please submit this form to Blooming Place for Kids prior to camp.

**Please mail with application to: Camp Office
Blooming Place for Kids
1108 Commodore Street
Clearwater, Florida 33755**

Questions? Please call: 727-445-9482

**1108 Commodore Street,
Clearwater, Florida 33755
www.bloomingplaceforkids.org
(727) 445-9482 FAX (727-446-6643)**

Note: Blooming Place for Kids, Inc. is by law, a registered non-profit charity organization with the Secretary of the State of Florida. License #CH14678 EIN# 06-1650452