



Three Rivers Community Action, Inc. Summer Recreation Information Form



Child's Name _____

Program/Class Attending: _____

Program/Class Times (include start & end time): _____

Home Address

City _____

Parent's Name _____

Parent's Phone _____

Parent's Email _____

Daycare Address (if applicable)

City _____

Provider's Name _____

Phone _____

Preferred Way of Contact: E-mail Phone Both

Location of Activity (Door, if applicable):

Primary Pick-up Address:

Primary Drop-off Address:

2020 Calendar Circle all dates rides are needed

June					
M	T	W	Th	F	Sa
1	2	3	4	5	6
8	9	10	11	12	13
15	16	17	18	19	20
22	23	24	25	26	27
29	30				

July					
M	T	W	Th	F	Sa
		1	2	3	4
6	7	8	9	10	11
13	14	15	16	17	18
20	21	22	23	24	25
27	28	29	30	31	

August					
M	T	W	Th	F	Sa
					1
3	4	5	6	7	8
10	11	12	13	14	15
17	18	19	20	21	22
24	25	26	27	28	29

Additional Comments: _____

Hiawathaland Transit Toll Free: 1-866-623-7505 Fax: 507-534-9275 Email: TDispatchers@threeriverscap.org
 55049 241st Ave Website: www.threeriverscap.org
 Plainview, MN 55964 <http://www.facebook.com/HiawathalandTransit/>

Filling out this form does not guarantee transportation. Routes are subject to change at any given time.

We suggest that you keep a copy of this form for your records. **Please note, there is a 10 minute window on either side of the pick-up and drop-off times, and the bus can wait up to ONE MINUTE before departing.**

<i>Office Use Only</i>	Date Rec'd _____	Pick up time _____	Return time _____	Called _____ by _____	Revised 5/29/20
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