



# Three Rivers Community Action, Inc. Hiawathaland Transit 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:**

\_\_\_\_\_

\_\_\_\_\_

**2022 Calendar**

**Circle all dates rides are needed**

June					
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		

July					
M	T	W	Th	F	Sa
				1	2
4	5	6	7	8	9
11	12	13	14	15	16
18	19	20	21	22	23
25	26	27	28	29	30

August					
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	31			

Additional Comments: \_\_\_\_\_

Hiawathaland Transit    Toll Free: 1-866-623-7505    Fax: 507-534-9275    Email: TDispatchers@threeriverscap.org  
 55049 241<sup>st</sup> 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 3/12/19
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