



# 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:**

\_\_\_\_\_

\_\_\_\_\_

**2023 Calendar**

**Circle all dates rides are needed**

June					
M	T	W	Th	F	Sa
			1	2	3
5	6	7	8	9	10
12	13	14	15	16	17
19	20	21	22	23	24
26	27	28	29	30	

July					
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
31					

August					
M	T	W	Th	F	Sa
	1	2	3	4	5
7	8	9	10	11	12
14	15	16	17	18	19
21	22	23	24	25	26
28	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