

BUX-MONT Transportation, Inc.
726 Fitzwatertown Road, Willow Grove, PA 19090
(215) 659-1313 Office (215) 659-0555 Fax (215) 830-0338

CAMPER'S NAME _____ DATE _____

ADDRESS _____

HOME PHONE # _____

PARENT NAME _____ CELL# _____

PARENT NAME _____ CELL# _____

*In the event that Bux-Mont arrives at your home and no one is there, please indicate below whether the child can or cannot be left alone. We want to honor the parent's wishes. If they are not to be left alone a parent **MUST** meet the vehicle in the AM and PM. Please include any other important information that you feel should be brought to our attention on the lines below.*

*(Please fill in only **"ONE"** of the following)*

CAMPER'S NAME _____ CAN BE LEFT ALONE IN THE HOME OR
CAMPER'S NAME _____ CANNOT BE LEFT ALONE IN THE HOME

EMERGENCY BACKUP INFORMATION

Contact #1: _____ Address _____

Home # _____ Work # _____ Cell # _____

Email of Responsible Care Giver: _____

Contact #2: _____ Address _____

Home # _____ Work # _____ Cell # _____

Other emergency information: _____

**If the Camper cannot be left alone, you must furnish an emergency drop-off location.
This EMERGENCY DROP-OFF LOCATION must be within one (1) mile of the camper's home address.

NAME: _____

CELL NUMBER: _____

ADDRESS: _____

OTHER TELEPHONE # _____

RELATIONSHIP TO CAMPER: _____