



BOYS & GIRLS CLUBS
OF THURSTON COUNTY

Transportation Program

School: _____

Route # _____

Member Name: _____
(First) (Last)

Parent Name: _____
(First) (Last)

Daytime Telephone: (____) _____

Emergency Contact: _____
(First) (Last)

Phone Number: (____) _____ Relation: _____

My son or daughter will be riding

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Wednesday | |

I understand that my son or daughter must use the transportation program 50% of the week in order to maintain there spot on the roster. _____
(Initials)

I understand that transportation payments are due no later than the 10th of each month and any payments received after the 10th will incur a \$10.00 late fee. _____
(Initials)