



Transportation for Summer Programs

Child's Name: _____

Parent(s) Name: _____ Phone: _____

Address: _____

City: _____

Name of Summer Program: _____

Circle dates rides are needed

JUNE				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

JULY				
M	T	W	Th	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

AUGUST				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

Program Start Time: _____ Program End Time: _____

Pick up address: _____

Program destination: _____

Return address: _____

Additional comments: _____

To register you may return this form by mail, fax or e-mail:

Fillmore, Houston or Winona counties:

Semcac
 Erlene Welshons
 204 S. Elm
 P.O. Box 549
 Rushford, MN 55971
 507-864-8238 or 1-800-944-3874
 Fax: 507-864-2440
 erlene.welshons@semcac.org

Dodge County:

Semcac
 Amber Duncan
 20 Veterans Memorial Hwy E.
 P.O. Box 36
 Kasson, MN 55944
 507-634-4350 or 1-800-528-7622
 Fax: 507-634-4351
 amber.duncan@semcac.org