



Office hours: 10 AM - 6 PM EST
P O Box 6310
Avon, CO 81620
970 - 949 -0690
www.camptrucking.com

your premier baggage carrier from home to camp and back

2010: **ECHO** July Session August Session Both sessions **Note:** Please indicate session

PLEASE COMPLETE ONE FORM PER CHILD

Camper's Name Boy Last: _____ First: _____
 Girl

Pick-up Address _____

City _____ State _____ Zip Code _____ Email _____

Phone _____ Alternate Phone _____

Directions/Development Name - use back of form if necessary

Located Between _____ and _____

Pickup Bags from here front porch back porch side porch doorman garage other _____

Return Bags here front porch back porch side porch doorman garage other _____

Return Address (Fill out ONLY if address is different than pick-up address)

Address _____ (cross street: _____)

City _____ State _____ Zip Code _____ Phone _____

Please **Check Appropriate Services per child** *Please indicate session above*

Round-Trip: _____

One-Way TO Camp: _____

One-Way FROM Camp: _____

Please mail form TO: Camp Trucking in the envelope provided by May 14th

Insurance/Valuation Coverage

Included in the shipping fee is \$200 of coverage per piece shipped.

Coverage is for loss of an entire shipping package due to fire or theft only.

****Special or additional instructions for pick-up and/or delivery ****

DEVELOPMENT NAME: _____