CAMP TRUCKING
since 1974

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

2011: **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 by May 13th

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:_____