

# CHALLENGE CAMP

Carole B. Berman  
Director  
1250 Central Park Avenue  
Yonkers, New York 10704

Telephone 914-779-6024  
www.challengecamps.com  
info@challengecamps.com

Date: \_\_\_\_\_

Camper Name(s): \_\_\_\_\_

Re: Westchester County Challenge Camp bus transportation for this summer

Dear Parents:

We have received your request for round trip bus service this summer. Mar-Can Transportation Co., Inc. is delighted to provide this service to you from the Westchester County area. **Please complete the map information page and return with your payment.**

The rates for this summer are as follows: (circle one)

		Round Trip	One Way
SESSION 1	June 25 – July 20	\$700.00	\$425.00
SESSION 2	July 23 – August 10	\$600.00	\$375.00
SESSION 1 & 2	June 25 – August 10	\$1,300.00	\$800.00

Payment is due by May 1, 2018.

Make check Payable to:

Challenge Camp  
1250 Central Park Avenue  
Yonkers, New York 10704

You will receive further information regarding exact pick up/drop off times and first day instructions in June prior to the start of camp. If you have any questions, feel free to contact us at the Challenge office.

We look forward to a wonderful camp season.

Sincerely,  
Carole B. Berman  
Director

1/1/18

# MAR-CAN TRANSPORTATION CO, INC.

(914) 668-3772 (914) 668-2205 \* Fax (914) 668-2206

Dear Parent/Guardian:

As Challenge Camp approaches, Mar-Can Transportation Co. is proud to offer its bus service to the Mount Kisco/Bedford/Chappaqua/Pleasantville area families attending the Challenge summer program. Mar-Can has been associated with the Challenge Camp for five years and is excited to bring their professional and experienced staff to northern Westchester.

All buses will be AIR CONDITIONED!

Challenge Camp will offer three central pick up / drop off locations for your convenience. Please complete the information below and send to:

CHALLENGE CAMP, 1250 Central Park Avenue, YONKERS, NY 10704  
info@challengecamps.com

Sincerely,  
Carole B. Berman  
(914) 779-6024  
(914) 793-2685 Fax

Parent Name \_\_\_\_\_ Child Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell  
Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Number of children attending \_\_\_\_\_ session 1 \_\_\_ session 2 \_\_\_

West Patent Elem School	8:00am	Check here _____
Roaring Brook Elem School	8:15am	Check here _____
Jacob Burns Film Center	8:25am	Check here _____