

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. We will invoice you from our accounting system.**

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

		Fee
SESSION 1	June 27 – July 26	\$875.00
SESSION 2	July 29 – August 16	\$675.00
SESSION 1 & 2	June 27 – August 16	\$1,550.00

Payment is due by June 1, 2024.

We will send you and invoice with a payment link or you can make a 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

1/1/24

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 over ten 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 - 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 ___

The projected times are subject to change when the route is finalized. Thank you.

West Patent Elem School	8:10am	Check here _____
Roaring Brook Elem School	8:25am	Check here _____
Jacob Burns Film Center	8:35am	Check here _____