



BOYS & GIRLS CLUBS
OF THE MIDLANDS

TRANSPORTATION REQUEST

Member's Name: _____

Home Address: _____

School: _____ Club Location: _____

**** A minimum of 10 participants must be registered for transportation service for each school.**

\$10 Weekly Transportation Fee will apply for the following Members:

- If your child is a Community Member at our Ben Arnold Unit, a weekly \$10 fee will be charged per child.
- If your child is a Middle School AYPYN Member, and needs transportation home from their BGC, a weekly \$10 fee will be charged.

Failure to pay transportation fees may result in loss of transportation service.

_____ My child is a Community Member at the Ben Arnold Unit

_____ My child is a Middle School AYPYN Member and need transportation home from his/her BGC.

I hereby request for my child to be transported from the above mentioned school to the above-mentioned Boys & Girls Club Location. I agree to pay the weekly transportation fee if applicable.

Parent Signature

Date