Taliesin Summer Camp Shuttle Registration

When

- June 15-19 From the Ground Up: Cultivating Food and Architecture
- June 22-26 Food, Fun and Architecture
- July 13-17 Intermediate Course: Introduction to Digital Modeling & Architectural Design
- July 13-17 Pre-College Course: Advanced Digital Modeling & Architectural Design
- July 27-31 Food for Thought: Designing Architecture with Food in Mind

Logistics

- Weekly shuttle fee of $50 per child.
- Shuttle Service Drop-off/Pick-up locations with Pick up/Return times:
  - St. Bernard Church Parking Lot 2015 Parmenter St, Middleton, WI 53562
    - 8:00am/4:50pm
  - Mazomanie Park and Ride 5717 WI-19, Mazomanie, WI 53560
    - 8:25am/4:30pm
- Campers are checked on and off the bus at each stop and at camp.
- There will not be a camp staff member at each bus pickup location, so we ask that a parent or other responsible adult supervise your child until the bus arrives. The adult should also be there at drop-off times.
- The bus driver will not drop off a child unless the parent or authorized person is there. A child will not be allowed to bike or walk home from the drop off locations. It is very important that you are at the location on time.
- Return completed registration form to Abby Howell-Dinger, Program Coordinator at ahowelldinger@taliesinpreservation.org, or by mail to:
  
  Frank Lloyd Wright Visitor Center
  Attn: Abby Howell-Dinger
  5607 County Rd. C
  Spring Green, WI 53588
2020 Shuttle Service Agreement
Shuttle Sign-up/Emergency Contact/Pick-Up Authorization

**Shuttle Sign-up**

I am interested in having my child ________________________________ (Print Name) transported to/from day camp for the Taliesin ______________________________ (Camp session).

My child is ____ years old.

The morning and afternoon pick up and drop off point that I would be interested in is: (Check Box)

- [ ] St. Bernard Church Parking Lot 2015 Parmenter St, Middleton, WI 53562
  - 8:00am/4:50pm
- [ ] Mazomanie Park and Ride 5717 WI-19, Mazomanie, WI 53560
  - 8:25am/4:30pm

Name as it appears on card:__________________________________________
CC#________________________________________________________
Expiration Date___________  Card Verification Code:___________________
Billing Zip Code __________
Emergency Contact

Parents/Legal Guardian: ________________________________________________

Address: ____________________________________________________________

Home Phone: ___________  Cell Phone: ___________  Work Phone ____________

Emergency Contact Other than Parents: _________________________________

Pick-Up Authorization

In addition to myself, the following persons are authorized by me, to pick up
______________________________(Print Child’s Name)

Name: ______________________  Relationship to child: ______________________

Name: ______________________  Relationship to child: ______________________

Parent/Guardian Signature: ______________________  Date: ____________________