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CAMPGROUND TRANSPORTATION REQUEST FORM

Please Print Clearly

In order to make your **FIT 4 YOU Retreat** experience a pleasant one, we offer transportation between campground locations to those who have difficulty walking due to medical reasons. Please fill out the information below and return it with your registration packet.

Yes, I am in need of transportation assistance between my cabin and tutorial session, as well as transportation to all other **FIT 4 YOU Retreat** activities.

Please list medical reasons below:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Cell/Alt. Phone:** _____

Signature _____ **Date** _____

PLEASE SUBMIT ALL COMPLETED FORMS BY JUNE 9TH, 2017

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