

Signed By Parent or Guardian



2015 Tumble Weed Trail

Phone: 605-642-6668

Spearfish, SD 57783 Fax: 605-642-6434

Summer	Rec
Summer	School

e-mail: dispatch@prairiehillstransit.com website:

\$60 Unlimited Trips Pass valid from 6/1 to 8/20/2024. Purchase by 6/21/24 or \$2.50 per day

Other - Name Activity:

MORE SUMMER www.prairiehillstransit.com

2024 Summer Youth Transportation

Child's Inforn	nation (one per ch	nild)		'
Name			Male Female Date of Birth / / _	
Physical Addre	ess		List any special	_
City			needs for safe	
Home Phone			transport	
Parent and/or	Guardian Inform	ation		-
1.			2.	
Mailing Addre	ess		Mailing Address	
Email			Email	
Work Locatio	n		Work Location	
Phone Numb	ers			
Home:	Work:	Cell:	Home:Work:Cell:	
Emergency	Contact if parent	or guardian cannot l	pe reached (local contact)	
Name:			Relationship:	
Address:				
DayCare Inf	ormation (if appli	icable)		
Name:			Provider's Name:	
Address:				
City:			Phone Number:	
CONTA	ACT YOU WITI	H THE PICKUP T	ansportation for my child. I will notify Prairie Hills Transit	VIL

Date

2024 SUMMER YOUTH TRANSPORTATION FORM

CHILD'S NAME:						
	*	·***** EX	AAADI EG	*****		
EXAMPLE OF SING			AMPLES	<u></u>		
Start Date: 6/1/24	End Date:	8/20/24				
Pick-up Location/Address	Activity Location/Address	Activity Start Time 11:00	Return Trip (Y/N) N	Activity End Time 1:00	After activity, drop-off Location/Address: Home/123 Main St	Day(s) Of Week M,W,F
Home/123 Main St	Rec Center 122 Recreation Lane					
EXAMPLE OF MULT	TPLE TRIPS IN ON	JE DAY:				
Start Date: <u>6/1/2</u> 4	End Date:	7/28/24				
Pick-up	Activity	Activity	Return	Activity	After activity, drop-off	Day(s)
Location/Address	Location/Address	Start Time	Trip (Y/N)	End Time	Location/Address:	Of Week
Home/123 Main St	Rec Center 122 Recreation Lane	11:00	У	1:00	Gymnastics 606 29 th 5t	T, Th
Gymnastics	606 29 th S†	1:30		3:30	Home	T, Th
Start Date:	End	Date:				
Pick-up	Activity	Activity	Return	Activity	After activity, drop-	Day(s)
Location/Address	Location/Address	Start Time	Trip (Y/N)	End Time	off Location/Address:	Of Week
Start Date:		Date:				.
Pick-up Location/Address	Activity Location/Address	Activity Start Time	Return Trip (Y/N)	Activity End Time	After activity, drop- off Location/Address:	Day(s) Of Week