



Bucksmore

SUMMER PROGRAMMES

IMPORTANT - AIRPORT TRANSFER REQUEST FORM

You have requested that we meet your child at the airport. It is very important that you complete this form as soon as possible and return it to the Bucksmore office. We can then make the necessary arrangements.

Name of child(ren) 1. _____ Centre _____
 2. _____ Centre _____
 3. _____ Centre _____

ARRIVAL

DATE OF ARRIVAL	AIRPORT	TERMINAL	AIRLINE	FLIGHT NUMBER	LEAVING FROM	LEAVING TIME	ARRIVAL TIME

DEPARTURE

DATE OF DEPARTURE	AIRPORT	TERMINAL	AIRLINE	FLIGHT NUMBER	GOING TO	LEAVING TIME	ARRIVAL TIME

Name of parent / guardian completing form _____ Date _____

Please fax, post or email this back to us.

Thank you. We will acknowledge safe receipt of this form.

If you would prefer to receive this form by e-mail please contact info@bucksmore.com