



**BOYS & GIRLS CLUBS**  
OF THE MIDLANDS

**2012-2013 School Year**  
**KILLIAN BOYS & GIRLS CLUBS**  
**NORTH SPRINGS TRANSPORTATION FORM**

Member's Name: \_\_\_\_\_

**Please check ALL that apply:**

\_\_\_ My child needs afternoon transportation from North Springs Elementary to Killian BGC

**\*\* Please note that your Transportation Form must be submitted directly to the Boys & Girls Clubs of the Midlands Service Center. Once we receive your transportation request form, we will call you to verify start date. Please allow two days for processing from day of request\*\***

**Boys & Girls Clubs of the Midlands Service Center**

**Attn: Troy Thames**

**500 Gracern Rd. Suite 200**

**Columbia, SC 29210**

**(803) 231-3300**

**(803) 252-9413 fax**

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- I hereby request my child (children) be transported from the above mentioned school to the above mentioned BGCM location.
  - I agree to provide BGCM one week written notice if my child (children) will no longer need transportation service.
  - **Failure to pay weekly after-school program fees will result in loss of transportation service**

\_\_\_\_\_  
**Print** Name of Parent or Legal Guardian

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent or Legal Guardian **Signature**

\_\_\_\_\_  
Date