



2019 Bus Transportation Registration

Transportation can be arranged to Camp Ondessonk by way of bus service provided by Camp Ondessonk Employees. Transportation must be arranged at least two weeks prior to your camp date, and cancellations with less than two weeks notice will not receive a refund. **Due to small bus size the buses will fill up.** There will be lunch stops to and from Ondessonk at the stops listed below. Provide your child enough cash to purchase a lunch, and also remind them to save some money and keep it on hand to pay for lunch on the return trip. **CARGO SPACE IS VERY LIMITED. Please be courteous of other campers and pack as efficiently as possible.**

Transportation is exclusive to camp staff and campers. Parents should be at camper bus pick-up/drop-off locations at least 10 minutes before given time to allow buses to run on schedule. Buses cannot wait for late arrivals! Unaccompanied children will not be allowed to board the bus. Returning bus campers will only be released to authorized adults with a driver's license that matches the listed authorized pickup license number(s). If there is an emergency en route, camp offices are always contacted. Bus staff will notify bus locations and parents of any changes in times. Every camper is expected to follow and respect the rules of the counselors and driver. Vandalism, smoking or drug use will not be tolerated. All camp rules and regulations apply to bus transportation. Parents will be liable for any damages incurred.

***Please note: Updated Bus Times and Locations To/From Chicago Area!** These times are subject to change if needed based on bus routes. You will be notified at least 48 hours in advance if there will be a change in pickup of more than an hour. Minor adjustments may occur based on traffic.

Bus will arrive at camp approximately 3:00PM Sunday and depart camp by 9:30 AM Saturday.

NO RETURN BUS AVAILABLE FOR MINI CAMPERS LEAVING ON WEDNESDAYS

| Bus Route | | | | | |
|----------------------------|------------|---------|-------------------------|------------------------|--|
| City | Round Trip | One Way | Depart Sunday | Return Saturday | Pickup/Drop off Location |
| Schiller Park, IL | \$165 | \$120 | 7:30AM* | 4:30PM* | 4-Points by Sheraton, Chicago O'Hare, 10249 W. Irving Park Rd. |
| Tinley Park, IL | \$155 | \$110 | 8:30AM* | 3:30PM* | Wingate Hotel I-80 Exit 148B |
| Kankakee, IL* | \$135 | \$100 | 9:30AM* | 2:15PM* | McDonalds Exit 312 IL-17 |
| Bloomington/ Normal, IL | \$135 | \$110 | 8:30AM* | 3:15PM | McDonalds I-55, Exit 160A Market St. |
| Springfield, IL | \$120 | \$90 | 9:45AM* | 1:30 PM, Lunch Stop | Capital City Shopping Center Parking Lot I-55 Exit 94 |
| Caseyville, IL | \$100 | \$75 | 11:30PM,* Lunch Stop | 11:45AM | McDonalds on I-64, Exit 9: Hwy 157 |

*Updated Times/Location for 2019. Times may change based on passenger stops or traffic.



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Applications for bus transportation must be received at least two weeks prior to bus departure date.

To ensure camper safety, parents should arrive at the bus stop 10 minutes before scheduled departure/arrival times.

You must be at the bus stop and ready to board when the bus arrives – schedule does not allow the driver to wait for late arrivals.

Please complete the following and send with payment to:

Camp Ondessonk

3760 Ondessonk Road, Ozark, IL 62972

Fax: 618-695-3593

Email: Registration@Ondessonk.com

Enclosed, please find \$_____ payment for ___ tickets One Way Round Trip

Please charge my: VISA MasterCard Discover

in the amount of \$_____

Card # _____ - _____ - _____ - _____ Exp. ____/____

Name on Card _____

Cardholder Signature _____

Name of Camper: _____ DOB: _____

Riding bus to camp from (city) _____ On ____/____/19

Riding bus from camp to (city) _____ On ____/____/19

In case of bus emergency, please contact: _____

Emergency Contact Phone: (_____) _____

Medical Consent Form (consent for bus only)

In the event of an accident, the camp will telephone the parent; however, in the event I cannot be reached by phone, I hereby give permission for medical attention by a physician for my child.

Signature of Parent or Guardian

____/____/19

Date