



Unitarian Universalist Service Committee

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Just Works Workcamp Travel Information Form

Name of Workcamp Participant: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Workcamp Dates of Attendance: _____

ARRIVAL TO & DEPARTURE FROM WORKCAMP: Please circle your method of transport to/from the workcamp and complete the requested information, as needed. If you are making connections in other cities, please use back of sheet to detail each of your flights.

1) Air Travel

	Airline / Flight #	Departure Airport	Departure Date/Time	Arrival Airport	Arrival Date/Time
Workcamp Arrival					
Workcamp Departure					

2) Train/Bus Travel

	Train/Bus Company Name	Departure City	Departure Date/Time	Arrival City	Arrival Date/Time
Workcamp Arrival					
Workcamp Departure					

Arrival Station and Address: _____

Transport Company's Phone Number: _____

3) Drop-Off at Workcamp: Directions will be included in the Orientation Packet or may be obtained from the Just Works department by e-mailing or calling us.

4) Drive to Workcamp: Directions will be included in the Orientation Packet or may be obtained from the Just Works department by e-mailing or calling us.

Additional Information: Please provide any information we should know to ensure your safe arrival and departure: _____

