

Plan for Getting to Pickup Location

Your Name: _____

Camp Supervisor: _____

Crew Boss: _____

What is the date of your camp pickup? _____

Where have you been self-isolating from during your required 14-day self-isolation?

What city/town are you Travelling from? _____

What pickup location will you be arriving at? _____

Who is the person(s) that will be driving you to the pickup location?

Please provide a contact phone number for the person driving you to the pickup location:

Has this person been in self-isolation for at least 14 days before your pickup? _____

Does your plan include any travel on an airplane, bus or train? _____

If yes, please specify: _____

How many hours will you spend driving to the pickup location? _____

How many fuel stops will you need to make? _____

Please consider that we are asking all staff to make only necessary stops for fuel along the way to your pickup location.

Do you have a mask for when you arrive at our pickup location? (Required) _____

Date you are submitting this plan: _____

Driver Signature: _____ to validate the truth of this information.

Planter Signature: _____