



Summer Work Travel Program THIRD PARTY PICK-UP

CSB International, Inc.
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Provider Company Name (if applicable): _____ Provider Contact Name: _____

Provider Email: _____ Provider Phone: _____

Arrival Instructions

Pick-up Availability: ☐ Yes

Day: ☐ Weekdays only (M-F) ☐ Anytime Pick up Cost: \$ _____

Arrival Airport / Station*: _____ City: _____ State: _____ Hours of Pick-up: _____ AM _____ PM

***Note:** Participants should fly into the requested arrival city and/or final destination. If they fly into another airport, they can take the bus/train to the final destination. If a participant arrives outside of the business hours (8am to 5pm), the participant must book a hotel to spend the night and call the supervisor during the next business day.

Details* (*where, when, conditions*):

After arrival, report to: Contact name: _____ Office Phone Number: _____

Hours of Contact: _____ AM _____ PM

Full address: _____
Street address City State Zip code

Responsible Contact Name: _____ Signature: _____ Date: _____
(mm/dd/yyyy)

SWT Participant Name: _____ Signature: _____ Date: _____
(mm/dd/yyyy)