

DAY TRIP SCHOOL INFORMATION SHEET

School Name: _____ Date at Camp: _____

School Address: _____

Contact Person: _____ Billing Person _____

Contact Phone(s): _____ Best Time(s) to call: _____ Fax: _____

Email: _____

What are the grade(s) of students attending? _____

Estimated Numbers: These numbers need to be finalized one week before your visit.

___ Female Students	___ Male Students
___ Female Chaperones	___ Male Chaperones
___ Female Teachers	___ Male Teachers
___ Total People Visiting Camp	

Time of arrival: _____ Time of departure: _____

Method of transportation: **Busses:** # _____ **Personal Cars:** Approx. # _____ Will they be staying at camp? **YES** **NO**

Would you like any meals served by Camp Edwards? **YES** **NO**

If so then which meals? **BREAKFAST** **LUNCH** **DINNER**

If you are bringing your own lunch would you like juice served? **YES** **NO**

Class Choices: Please list all classes that you want during your trip.

Indicate if you want a Camp Edwards Staff Member to teach the class or need any additional material

Class Name	Date(s) and Time(s)	CE Staff?	Additional Equipment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dietary Needs: Please list any special Dietary requests below and indicate the number of each.

Unfortunately we are unable to accommodate vegan, or soy free diets.

	Lactose	Peanut	Tree Nut	Other:	Other:
Vegetarians	Intolerant	Allergies	Allergies	_____	_____
_____	_____	_____	_____	_____	_____

Airborne? ___ Airborne? ___

Do you have any **behavioral issues** or **special need students** that we need to be aware of? **YES** **NO**

PLEASE RETURN THIS FORM AT LEAST *TWO WEEKS* PRIOR TO YOUR VISIT

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