



GROUP INFORMATION SHEET

Environmental Education

Name of Group and /or School: _____

Principal's Name: _____ Number of previous years at CG: _____

Arrival: Day _____ Date _____ Time _____ **Departure:** Day _____ Date _____ Time _____

First Meal Desired at Camp: _____ Last Meal Desired at Camp: _____

Lead Chaperone (while at camp): _____ Best time to contact: _____

Work Telephone: _____ Home Telephone: _____

Email Address: _____ Preferred Method of Contact: _____

Approximate number of students attending trip: Females _____ Males _____

Approximate number of adults attending trip : Females _____ Males _____

What type and number of vehicles will transport your group: Bus _____ Car/Van _____

Please describe your emergency vehicle: _____

Will any other vehicles remain at camp? (specify) _____

Will you require additional accommodations for vehicle drivers? (specify) _____

Will you want the camp store made available: Yes ___ No ___

The following are different options available for store use. Please indicate your preferences:

Store Time: Afternoon (between activities) _____ After dinner _____ No preference _____

Options: Snacks _____ Souvenirs _____ Prepaid _____ T-shirts Only (consult Coordinator) _____

A prepaid store will add \$3.00/ student to your invoice

**Please use additional paper if necessary to answer these questions –
thanks for providing us with this information!**

Are there special dietary needs or restrictions (vegetarians, allergies, etc.) we should plan for?

Are there any students with special physical, behavioral, or academic needs? If so, please explain:

Are there any medical or health problems we should know in advance? _____

What is the socio-economic profile of your students? _____

What is the academic profile of your students (are they achievers, need motivating, etc.)? _____

How are the students chosen to attend the trip? _____

Please describe any fund raisers used to support the trip's cost. _____

Please list other field trips the students have taken or will take while at your school. _____

Please describe the personality of the students who will be attending the trip: _____

How will the activity groups be determined? How well will the students know each other? _____

Will any of your students be having a birthday while they are at Camp? Please list their name and dates: _____

Please list any additional activities or programs you will be facilitating while here and if you want assistance.

Please describe any traditions your school has or unique programs / projects you organize. _____
