

## 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 \_\_\_\_\_

Please indicate cabin preference(s): \_\_\_\_\_

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 EE Coordinator) \_\_\_\_\_

A prepaid store will add \$2.50 / 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? \_\_\_\_\_

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

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

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What is the socio-economic profile of your students? \_\_\_\_\_

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

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How are the students chosen to attend the trip? \_\_\_\_\_

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

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

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

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

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

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

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

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