

# CALVIN CREST OUTDOOR EDUCATION

## FINAL DATA SHEET

The information requested below is necessary in planning for your school's stay at Calvin Crest. Please return this at least 10 days before your week at camp.

School Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Phone # \_\_\_\_\_ FAX number \_\_\_\_\_

Student Count: \_\_\_\_\_ Boys \_\_\_\_\_ Girls

Cabin Leader Count: \_\_\_\_\_ Males \_\_\_\_\_ Females

Teacher Count: \_\_\_\_\_ Men \_\_\_\_\_ Women

Names of staff: \_\_\_\_\_ and class they will each teach:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are there any students with dietary needs? (Please list there first and last name and need below)

\_\_\_\_\_

\_\_\_\_\_

Have your health forms been reviewed and summarized? \_\_\_Yes \_\_\_No

Scheduled departure time from school: \_\_\_\_\_

Expected travel time from school to Calvin Crest: \_\_\_\_\_

Will store be used by school? \_\_\_Yes \_\_\_No

If yes, please fax class rosters for store program use.

Time buses will arrive at Calvin Crest for final day pick up: \_\_\_\_\_

Do you have any special needs or concerns \_\_\_\_\_

\_\_\_\_\_

REMINDER: Bring all health-permission forms for students and minor cabin leaders.