## Calvin Crest Outdoor School Final Data Sheet

The information requested below is necessary in planning for your school's stay at Calvin Crest. Please return this via fax (559.683.7118) or email (outdoor.school@calvincrest.com) at least 10 days before your week at camp. Please fax class rosters with this form for use of the Calvin Crest store. If you do not plan to use the store, contact the Outdoor School Director.

School Name:		Dates of Attendance:	
Contact Person:		Phone Number:	
Student Count:	Boys	Girls	
Cabin Leader Count:	Males	Females	
Teacher Count:	Men	Women	
Names of teachers:		Class they would like to teach:	
Please list students, cabin le			
			_
Have your health forms been	ı reviewed and s	ummarized?YesNo	
Scheduled departure time fr	om school:		
Expected travel time from so	chool to Calvin C	rest:	
Time buses will arrive at Cal	vin Crest for fina	al day pick up:	

Reminder: Please send Day of Arrival form and completed cabin list by fax or email as you depart

 $\label{lem:please contact} Please\ contact\ the\ Outdoor\ School\ Director\ with\ questions\ or\ concerns.$ 

from school and bring all Medical and Participant Authorization forms with you.