Calvin Crest Outdoor School Final Data Sheet

The information requested below is necessary in planning and preparing for your school's stay at Calvin Crest. Please return a scan or photo of this form via email (outdoor.school@calvincrest.com) at least two weeks before your arrival at camp. Please attach dietary needs request forms and email typed class rosters with this form for preparing Calvin Crest Store accounts.

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 lead	ers, and teach	ners with dietary needs:
Seating for meals will be arran	ged by cabin	groups, unless you contact us to discuss mixed seating
Have your health forms been re	eviewed and s	summarized? Yes No
Scheduled departure time from	n school:	
Expected travel time from scho	ol to Calvin C	rest:
Time buses will arrive at Calvin	n Crest for fin	al day pick up:
Reminder: Please send Day of Arr school and bring all Medical and I		completed cabin list by fax or email as you depart from thorization forms with you.

Please contact the Outdoor School Director with questions or concerns.