



SPRUCE LAKE OUTDOOR SCHOOL GROUP UPDATE

Please complete and return **ASAP**

Fax to 570-595-0328, ATTN: OE Director, email to: outdoorschool2020@sprucelake.org or mail to:
Spruce Lake Outdoor School, 5389 Route 447, Canadensis, PA 18325

School/Group _____ Today's Date ____/____/____
 Street _____ City _____ State _____ Zip _____
 School Phone (_____) _____ School E-mail _____
 Trip Coordinator(s) _____ Position _____
 Email: _____
 Person(s) in charge at Spruce Lake (if different from above) _____
 On-Site Contact Cell Phone Number: _____
 Arrival: ____/____/____ Time ____ AM/PM Departure: ____/____/____ Time ____ AM/PM
(Mo/Day/Yr) (Mo/Day/Yr)

Participants (Please itemize by grade when applicable.)

	<u>Grade</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Num. of children {	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Total num. of children		<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of teachers		_____	_____	_____
Number of other adults		_____	_____	_____
Total num. of adults**		<input type="text"/>	<input type="text"/>	<input type="text"/>
Total of Participants		<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>

****IMPORTANT! PLEASE PLAN FOR 2 ADULTS PER 8-12 STUDENTS.****

Please check (✓) your choice on attending:

Wagon Wheel Snack Shop _____
Yes No

Will you arrive via **motor coach** (not school bus) transportation? If yes, will you need transportation to/from Wilderness Camp* (if it's your lodging)?

_____ Yes _____ No

* Check with the company on policy re: travel on gravel road