

GROUP BOOKING REQUEST FORM

Cold Creek Conservation Area

ACCOUNT INFORMATION		
Organization Name:		
Organization Type:		
Phone Number:		
Address:		
City:	Province:	Postal Code:
CONTACT INFORMATION		
First Name:		Last Name:
Title/Position:		
Primary Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Primary Phone: Ext:
Email:		
BOOKING INFORMATION		
Date of Booking:	Time of Arrival:	Time of Departure:
Number of Participants:	Age of Participants:	Number of Staff:
ADDITIONAL INFORMATION		
Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Allergies:		
Are there any students with exceptionalities (physical or developmental) or who require accommodations?		

PROGRAM SELECTION: Please check of which programs you would like to participate in:

Recreational Programs	Recreational Programs	Educational Programs	Educational Programs
<input type="checkbox"/> High Ropes Course	Team Challenge Pod	<input type="checkbox"/> Maple Syrup	<input type="checkbox"/> Map Masters
<input type="checkbox"/> Climbing Wall	Please Select 1 Option	<input type="checkbox"/> Our 5 Senses	<input type="checkbox"/> Orienteering
<input type="checkbox"/> Low Ropes Course	<input type="checkbox"/> Fencer's Feet	<input type="checkbox"/> Animal Games	<input type="checkbox"/> GPS
<input type="checkbox"/> Team Building	<input type="checkbox"/> Team Teeter	<input type="checkbox"/> Aquatic Explorers	<input type="checkbox"/> Ultimate Survival
<input type="checkbox"/> Archery	<input type="checkbox"/> Team Beam	<input type="checkbox"/> Nature's Art Class	<input type="checkbox"/> Junior Forest Explorers
<input type="checkbox"/> Snowshoeing	<input type="checkbox"/> Team All Aboard	<input type="checkbox"/> Guided Nature Hike	<input type="checkbox"/> Ecosystem Exploration
<input type="checkbox"/> Cross-Country Skiing	<input type="checkbox"/> Aerial Trust Drive	<input type="checkbox"/> Pollinator Pals	
	<input type="checkbox"/> Flying Squirrel		

Please note that if any participants have one of the following medical conditions, they are not permitted to participate in our High Ropes, Climbing Wall, or Team Challenge Pod programming unless a medical note has been provided by their attending physician. The medical conditions include the following:

- Pregnancy/Transplant R
- Abdominal Organ Enlargement
- Cardiac Disease
- recipient Atlantoaxial I
- Active Orthopedic Problem (recent or recurring problems affecting bones or joints)
- Any condition that a physician has determined creates a significant limitation for physical activity
- instability