



# GROUP BOOKING REQUEST FORM

## ACCOUNT INFORMATION

Organization Name:

Organization Type:

Phone Number:

Address:

City:

Province:

Postal Code:

## CONTACT INFORMATION

First Name:

Last Name:

Title/Position:

Primary Phone:

Phone Type:

Ext:

Email:

## BOOKING INFORMATION

Date of Booking:

Arrival Time:

Departure Time:

Number of Participants:

Age of Participants:

Number of Staff:

## ADDITIONAL INFORMATION

BBQ Lunch:  Yes  No

Allergies:

Are there any students with exceptionalities (physical or developmental) or who require accommodations?

## PROGRAM SELECTION: Please select the programs you would like to participate in

Recreational Programs	Team Challenge Pod	Educational Programs	Educational Programs
High Ropes Course	Fencer's Feet	Maple Syrup	Map Masters
Climbing Wall	Team Teeter	Our 5 Senses	Orienteering
Low Ropes Course	Team Beam	Animal Games	GPS
Team Building	Team All Aboard	Pollinator Pals	Ultimate Survival
Archery	Aerial Trust Dive	Aquatic Explorers	Nature's Art Class
Disc Golf	Flying Squirrel	Little Sprouts	Guided Nature Hike
Snowshoeing		Classroom Curators	Canopy Creators
Cross-Country Skiing			

Please note that if any participants have one of the following medical conditions, they are not permitted to participate in the 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 Recipient
- Atlantoaxial Instability
- Abdominal Organ Enlargement

- Active Orthopedic Problem
- Cardiac Disease
- Any condition that a physician has determined creates a significant limitation for physical activity