

SPRUCE LAKE OUTDOOR SCHOOL GROUP UPDATE

Please complete and return **ASAP**

Fax to (570) 595-3255, or mail to: *Spruce Lake Outdoor School, 5389 Route 447, Canadensis, PA 18325*

School/Group _____ Date ____/____/____

Teacher/Contact Person _____ Position _____

Person(s) coming on trip (if different from above) _____

Street _____ City _____ State _____ Zip _____

School Phone (____) _____ FAX (____) _____

School Web Site _____ School E-mail _____

Arrival: ____/____/____ Time ____ AM/PM Depart: ____/____/____ Time ____ AM/PM

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				
Number of teachers				
Number of other adults				
Total num. of adults**				
Total of Participants				

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

Please check (✓) your choice on attending:		
Oak Leaf Gift Shop	____ Yes	____ No
Wagon Wheel Snack Shop	____ Yes	____ No

Please check your **Program Schedule** for suggested day & time



<p>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)?</p> <p style="text-align: center;">____ Yes ____ No</p>
<p>* Check with the company on policy re: travel on gravel road</p>