


**SPRUCE LAKE OUTDOOR SCHOOL
School/Group Reservation Form**

Fill in the information below and return with the required **\$200 non-refundable deposit** to confirm your program dates. Deposit represents agreement to our terms: The balance of your program cost is due **before your departure** from Spruce Lake. *A minimum of ten (10) participants needed for a program (either by grade or total group). Also, if you cancel your program **twelve (12) weeks or less** before your scheduled date, you will be **responsible for 80% of the total program cost**, based on the number of participants reported on your Reservation Form or the Group Update Form, whichever is most current. Keep a copy for your records.

SCHOOL/GROUP: _____ Today's Date: _____ / _____ / _____
Teacher/Contact Person: _____ **Position:** _____
School Address: _____
City: _____ **State:** _____ **Zip:** _____
School Phone: (_____) _____ **School Web Site:** _____
School Email: _____
On-Site Contact Cell Phone:(____) _____
Arrival Date: ____/____/____ **Time:** _____ **Departure Date:** ____/____/____ **Time:** _____

PARTICIPANTS (Please itemize by grade when applicable.)



Number of students	Grade*	Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT:
PLEASE PLAN
FOR MINIMUM
OF 2 ADULTS
PER 8-12
STUDENTS!

Total number of students _____
Number of teachers _____
Number of other adults _____

Total Number of Participants* _____

FEES Select your residence program, lodging and meal preference.

PROGRAM (circle one) 2-day 3-day other

LODGING _____ (Building Name)
(circle all that apply) Motel-style Dorm-style Cabins

FIRST MEAL: (circle one)	LAST MEAL: (circle one)	MEAL PLAN: (circle one)
Breakfast	Breakfast	7 Meals 6 Meals
Lunch	Lunch	4 Meals 3 Meals
Dinner	Dinner	other

RETURN TO:
Director, **SPRUCE LAKE OUTDOOR SCHOOL**
5389 Route 447, Canadensis, PA 18325
PHONE: 800-822-7505 x 136 **FAX:** 570-595-0328
EMAIL: outdoorschool2023@sprucelake.org