Spring 2025

SPRUCE LAKE OUTDOOR SCHOOL
GROUP UPDATE

Please complete and return **ASAP**

Fax to 570-595-0328, ATTN: OE Director, email to: outdoorschool2024@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: _____/_____/_____ (Mo/Day/Yr) Time _____ AM/PM Departure: _____/_____/_____ (Mo/Day/Yr) Time _____ AM/PM

Participants (Please itemize by grade when applicable.)

	Grade	Male	Female	Total
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:

Snack Shop ____ Yes _____ No

Please check (√) your choice:

Will you be doing a campfire ____ Yes ____ No

If yes, which night: _____

Preferred location: _____