

## SPRUCE LAKE OUTDOOR SCHOOL GROUP UPDATE

Please complete and return **ASAP**

Fax to (570) 595-3255, or mail to: *Spruce Lake Outdoor School, RR 1 Box 605, Canadensis, PA 18325*

School/Group \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Teacher/Contact Person \_\_\_\_\_ Position \_\_\_\_\_  
 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	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>Total num. of children</b>	_____			
Number of teachers	_____	_____	_____	_____
Number of other adults	_____	_____	_____	_____
<b>Total num. of adults**</b>	_____			
<b>Total of Participants</b>	_____	_____	_____	_____

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

Please check (✓) your choice on attending:

<b>Oak Leaf Gift Shop</b>	_____	_____	Please check your <b>Program Schedule</b> for suggested day & time
	Yes	No	
<b>Wagon Wheel Snack Shop</b>	_____	_____	
	Yes	No	



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)?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

\* Check with the company on policy re: travel on gravel road