



Group Information Sheet Outdoor Education Program

Please Complete This Form And Fax It To (865) 448-3904 Attn:

Name of School/Group: _____

Principal's Name: _____ Number of previous years at WW _____

Arrival: Day _____ Date _____ Time _____ **Departure:** Day _____ Date _____ Time _____

First Meal Desired at Camp _____ Last Meal Desired at Camp _____
e.g. Monday Lunch e.g. Wednesday Lunch

Lead Teacher (while at camp): _____ Best Time to Contact: _____

Work Telephone: _____ Home Telephone: _____ Cell Phone: _____

Email Address: _____ Preferred Method of Contact: _____

Approximate number of students attending trip: Females: _____ Males: _____

Approximate number of chaperones: Females: _____ Males: _____

Accommodations you reserved: Nickle Lodge Sunset Lodge Cabins 1 2 3 4 5 **5.5** 6 7 8 9 X Y C
Please Circle All Applicable Buildings

What type and number of vehicles will transport your group: Bus _____ Car/Van _____

What type and number of vehicles will stay at Wesley Woods: Bus _____ Car/Van _____

Please describe your emergency vehicle & drivers: _____

Please use additional paper if necessary to answer these questions—thanks for providing us with this information!

Are there any special dietary needs or restrictions (vegetarians, food allergies, etc.) we should plan for? _____

Are there any students with special physical, behavioral, or academic needs? If so, please explain: _____

Are there any special medical or health problems we should know of in advance? _____

What is the socio-economic profile of your students? _____

What is the academic profile of your students (are they achievers, need motivating, etc.)? _____

How are the students chosen to attend the trip? _____

Please describe any fundraisers used to support the trip's cost. _____

Please list other field trips the students have taken or will take while at your school. _____

Please describe the overall personality of the students who will be attending the trip. _____

How will the activity groups be determined? How well will the students know each other? _____

Will any of your students be having a birthday while they are at camp? Please list their name and dates: _____

Please list any additional activities you will be facilitating while here at camp and their locations— awards in dining hall after meal, journals, own dance in pavilion, own games in games field etc.

Please describe any traditions your school has or unique programs / projects you organize. _____

Will your group sing _____ or say _____ a blessing before each meal? Or no Blessing _____ (Check One)

We would like the blessing to be lead by: Group's adult _____ Student _____ WW Staff _____ (Check One)