



# Fair Glen

## Outdoor Creation Experiences

### Re-Booking Form

Today's Date: \_\_\_\_\_

School: \_\_\_\_\_ Date of Next Visit: \_\_\_\_\_

City: \_\_\_\_\_

Contact for Next visit: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Numbers estimates for Accommodations Booking

Males \_\_\_\_\_

Females \_\_\_\_\_

**Student Total** \_\_\_\_\_ (estimate)

**Teachers** \_\_\_\_\_

**Other Adults** \_\_\_\_\_

**TOTAL** \_\_\_\_\_ (estimate)

**Predicted ALLERGIES:** Please indicate severity (airborne or ingested)

\_\_\_\_\_

**Special Needs:** \_\_\_\_\_

**Other:** \_\_\_\_\_

We look forward to the privilege of serving you again. Please pass on reviews/suggestions for improvement.