



**OUTDOOR CREATION
EXPERIENCES**
FAIR HAVENS

FAIR HAVENS
CAMP & CONFERENCE CENTRE

OVERNIGHT TRIP CONFIRMATION FORM

School/Group Name: _____ Trip Dates: _____

Grade Level: _____ Estimated Arrival Time: _____ Departure Time: _____

Contact Name: _____ Email: _____ Phone: _____

Estimated Total Number of Students ~ _____ Male: _____ Female: _____

Chaperones* ~ Male: _____ Female: _____ Teachers/Staff* ~ Male: _____ Female: _____

Please choose one of the following options. Refer to Pricing Brochure for more details

2 Days @ 4 programs

4 Days @ 9 programs

3 Days @ 6 programs

Other - Customized Program

How did you hear about us? _____

What are your learning objectives? _____

Please list your Program Choices below or ask Ryan for recommendations **

Send programming emails to rlamoureux@fairhavens.org

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

Do any of your group members have any _____

allergies or dietary restrictions? _____

Please also indicate the severity _____

Please divide your students into Servant Groups for helping out at meals. Send to bhuberts@fairhavens.org

We are also in need of a list of Emergency-Class-Info which you can send ahead of time or bring with you.

** Teachers/Staff attend for FREE at a 1:10 ratio - Additional Chaperones pay only for food*

***Choosing two "Adventure Programs" (Rock Climbing + High Ropes) will incur an additional \$10 per student*

Total fees are due in one composite cheque/credit card payment upon arrival.

THANK YOU FOR THE PRIVILEGE OF SERVING YOUR GROUP!