OVERNIGHT TRIP CONFIRMATION FORM

School/Group Name:		Grade:	Grade: Trip Dates:	
Estimated Arrival Time:	Departure Time:			
Contact Name:	Email:		Phone:	
Estimated Total Number of	Students ~ Male: Fer	nale:		
Chaperones* ~ Male: Female:		Teachers* ~ Male: Female:		
How did you hear about us	?			
Please choose one of the fo	llowing options. Refer to OC	E Trip Pricing	for more details	
☐ 2 Days @ 4 programs		☐ 4 Days @ 9 programs		
☐ 3 Days @ 6 programs		☐ Other - Customized Program		
What are your learning obj	ectives?			
List your <u>Program Ch</u>	<u>oices</u> below or email <u>Prograr</u>	n Director – R	<u>yan</u> for recommendations **	
l	_		3	
4			6	
7			9	
Add on our unique Biblical Co			s to your programs? Yes _ No _	

Will you be including a time for Tuck Shop and/or Book Store while you are here? Yes $_$ No $_$

Thank you for the privilege of serving your group!

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

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

^{**} Basic Canoe Lessons are a prerequisite for all students in order to partake in any other Canoeing program