

# SCHOOL INFORMATION SHEET

School Name(s): \_\_\_\_\_ Dates at Camp: \_\_\_\_\_

School Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Billing Person: \_\_\_\_\_

Contact Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Best Time(s) to call: \_\_\_\_\_ Email: \_\_\_\_\_

What are the grades/ages of students attending? \_\_\_\_\_

**Guaranteed numbers:**

\_\_\_\_\_ Female students  
\_\_\_\_\_ Male students  
\_\_\_\_\_ Female adults  
\_\_\_\_\_ Male adults  
\_\_\_\_\_ TOTAL

**Guests:**

\_\_\_\_\_ Number  
\_\_\_\_\_ How many nights?  
Which meals? \_\_\_\_\_

**Time and day of arrival:** \_\_\_\_\_

**Time and day of departure:** \_\_\_\_\_

The first meal *served* to you by Edwards will be \_\_\_\_\_

Do you want juice provided if you bring sack lunch the first day? YES NO

What time would you like lunch on the last day? **11:00 12:00 No Lunch Sack Lunch**

How many tables will you need in the dining hall/porch? \_\_\_\_\_

Cabin groups eat in dining hall (10 to 12 per table) Lodge groups eat on porch (6 to 8 per table)

**Cabins/Lodges:** Number of cabins/ lodges needed: \_\_\_\_\_

\*Circle requests for cabins/ lodges (if none requested, we will assign) \*\* Cabins sleep 12, except Sequoia which sleeps 20.

|                               |           |                  |          |                   |           |
|-------------------------------|-----------|------------------|----------|-------------------|-----------|
| Sequoia                       | Blackbird | Dekorah          | Tecumseh | Black Hawk        | Pontiac   |
| Osceola                       | Winnemeg  | Maungzet         | Oshkosh  | Shabbona          | Cochise   |
| The Loft (cabins groups only) |           | Runge Lodge (32) |          | Hoffer Lodge (34) | Red Cloud |

**Grace:** Do you want our staff to lead the group in grace before meals? YES NO

**Birthdays:** Do you have any birthdays during your stay? If yes, when: \_\_\_\_\_

**Snacks:** Do you want camp to provide evening snacks? YES NO

If yes, what would you like to have? (Options and Cost in Teacher's Guide)

First Night \_\_\_\_\_ / Second Night \_\_\_\_\_

**Camp Store:** Will your students be visiting our Trading Post? YES NO

When? \_\_\_\_\_

Do you want the store stocked with candy? YES NO

**Camp Tour:** Would you like one on the first day? YES Time: \_\_\_\_\_ NO

**Camp Instructor: (Please read our policies on Edwards teachers)**

Will you be using an Edwards Program Specialist? YES NO

If yes, which class(es) would you like us to teach? (Please indicate the days and times):

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Will the Edwards staff be doing an evening program for you? YES NO

If yes, which activity? \_\_\_\_\_ When: \_\_\_\_\_

\*\*See Teacher's Guide appendix for evening program options

Please indicate all classes that will be taught and if you need any specific Edwards equipment/ or area. Please include recreational activities and evening programs:

**Class/ Lesson**

**Camp Equipment/ Area Needed**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Evening and Recreation Programs:**

**Activity**

**Camp Equipment Needed**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Dietary Restrictions (please indicate how many): We are unable to cater to Vegan Diets, Gluten, Soy, or Egg Allergies:

**Vegetarians:** \_\_\_\_\_

**Tree Nut Allergies:** \_\_\_\_\_

**Peanut Allergies:** \_\_\_\_\_

**Lactose Intolerant:** \_\_\_\_\_

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

Do you have any **special needs students** of whom we should be aware of?

Do you need linen service, Hoffer and Runge Only? (Extra charge for linens) YES NO

**RETURN THIS FORM AND A COPY OF YOUR SCHEDULE  
TWO WEEKS PRIOR TO YOUR VISIT**

(Send to: N8901 Army Lake Road, East Troy, WI 53120 or Fax: 262.642.5108)

*Revised 11/5/08*