# Appendix E: Summary of Group Requirements

Please complete this form and email it to registrar@campkawartha.ca at least **three weeks prior to arrival.**

|  |  |
| --- | --- |
| **Number of students** | **Number of teachers/parents** |
| **M** # | **F** # | # |
| Teachers/Parents are free at a ratio of 1 adult per 6 students |

**School:** Group name

**Teachers:** *Attach additional sheets as necessary*

|  |
| --- |
| Teacher |
| Teacher |
| Teacher |
| Teacher |
| Teacher |
| Teacher |

|  |  |
| --- | --- |
| **Arrival** | **Departure** |
| Arrival Date | Departure Date |
| Arrival Time | Departure Time |
| First Meal | Last Meal |

**Cabins**

|  |  |
| --- | --- |
| **Group A:** *cabin cluster to left of Dining Hall and down the hill* | **Group B***: cabins to right of Dining Hall* [ ]  Willow (12 beds) [ ]  Oak (12 beds) (wheelchair ramp) **wheelchair-sml**[ ]  Cedar (9 beds) (wheelchair ramp) **wheelchair-sml**[ ]  Sumac (9 beds) (wheelchair ramp) **wheelchair-sml**[ ]  Birch (10 beds) [ ]  Acorn (4 beds – 2 sets of bunks)[ ]  Pine Cone (4 beds – 2 sets of bunks), has ramp[ ]  **Staff House** – for adults only(has bathroom, living area & kitchenette) |
| [ ]  Aspen (7 beds)[ ]  Maple (7 beds)[ ]  Balsam (7 beds) [ ]  Spruce (7 beds) | [ ]  Alder (7 beds)[ ]  Elm (7 beds)[ ]  Pine (7 beds)[ ]  Poplar (7 beds) |
| **Large Cabins around perimeter of playing field**[ ]  BEL Cabin (15 beds, 2 rooms)[ ]  Gainey Cabin (20 beds, 3 areas)[ ]  Tamarack Cabin (11 beds, 2 rooms)  |
| Use only the number of cabins necessary to accommodate your group size. Please ensure cabins are as full as possible |

**Programs**

Please indicate the programs selected for your students.

|  |  |  |
| --- | --- | --- |
| Program title | Program title | Program title |
| Program title | Program title | Program title |

**Food Allergies & Dietary Concerns (this is very important for our kitchen staff to know in advance):**

Please list below any students & adults with food allergies and/or special dietary needs.
*Attach additional sheets as necessary*

|  |  |
| --- | --- |
| **Name of Student/Adult** | **Food Allergies / Dietary Concerns** |
| Name | Select from list or type your own. |
| Name | Select from list or type your own. |
| Name | Select from list or type your own. |
| Name | Select from list or type your own. |
| Name | Select from list or type your own. |
| Name | Select from list or type your own. |
| Name | Select from list or type your own. |
| Name | Select from list or type your own. |

**Photo Release:** Do you give permission to Camp Kawartha to photograph or video tape student activities during your stay at our centre that may be used for promotional purposes? No names will be used.

[x] Yes, permission granted

[ ] No, Photos Prohibited

**Notes:** Feel free to provide any information that may help our staff provide a positive & meaningful experience for your students.

 For example, are there any teaching approaches/strategies that your students respond to?

Click here to enter text.

|  |
| --- |
| For Office Use Only |
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