



RESERVATION FORM FOR PARTICIPATON IN UNITE OUTDOOR DAY CAMP

School Information

School _____ District _____

Name of Principal/Authorized Agent _____ email _____

Name of Teacher/Contact Person _____ email _____

Address _____ Phone Number _____

Classrooms and teachers participating

Teacher _____ email _____ Phone _____

Teacher _____ email _____ Phone _____

Teacher _____ email _____ Phone _____

Teacher _____ email _____ Phone _____

Camp Session Date Preferences: _____

Enrollment Estimate

Number of Students _____ Estimate number of Male _____ Female _____ (*for cabin housing*)

Number of Teachers _____ Male ____ Female ____ Number of Cabin Leaders (if applicable) _____

Schedule options

We wish to participate in an off-camp hike.

These options require bus transportation and can be customized to meet schedule requirements.

To confirm reservation Please return this form to Unite via email info@unitecamps.net or mail to our office address below.