SCHOOL PROGRAM BOOKING FORM

Please remember to complete a form for each attending class

School Name:						
Attending Teache	er (if different from main conta	act):				
Phone:		Fax: _				
Email:						
Best method of contact (please circle): phone			fax	email		
Grade:	Number of Stude	nts:				
Date Requested: _			Date Confi	rmed? Y/N		
Estimated Time o	f Arrival: Es	timated Time of De	eparture:			
PLEASE CHECK	PROGRAM	RECOMMENDED LOCATION* (please circle)				
	AQUATIC STUDY	Hazelwood Lake	Mission	Island Marsh	Mills Block Forest	Other:
	BIRDSLEUTH	Mission Island M	arsh 0	ther:		
	ECOSYSTEMS	Mission Island Marsh Other:				
	ORIENTEERING	Hazelwood Lake Other:				
	SNOWSHOEING	Hazelwood Lake Mission Island Marsh Other:				
	TREES	Hazelwood Lake	(ascades	Other:	
	WATERSHEDS	Hazelwood Lake Mission Island Marsh Other: Neebing-McIntyre Floodway				
	WILD WATER					
	WINTER TRACKING	Hazelwood Lake	N	Mission Island Ma	rsh Other:	
	ROCKS & MINERALS	Classroom with possible field trip extension. Specify topic and location in the space below.				
	THUNDER BAY ROCKS	Classroom with a second lesson at Hazelwood Lake or Silver Harbour. Specify in the space below.				
	GEOCACHING & MAPPING	Hazelwood Lake		Other:		
CUSTOM Please specify topic and location in the space below. Subject to Staff availability.						ability.
*All of the listed	Conservation Areas are equip	ped with a pavilion	and outhous	es, with the excep	ption of Mills Block Forest	
Any special requ	uirements/needs we shoul	d know about?				
risk and liability for st Cancellation Polic school can be substit mits. Photos: Photos tak	uch program. y: Cancellations within two we cuted (substituted class must partic cen by the LRCA may be used fo	eks of your schedule ipate in the same sche r marketing and pro	d program wil duled program) motional mate	l be subject to 509 Cancellations due t	% of the programming fee, to inclement weather will be re	school stated above will assume all unless another class from the same escheduled as time and availability pertative is aware that photos may be ase provide LRCA Staff a list prior to the
program.			-			
Teacher/School Representative Signature				Teacher/School Representative (Please Print)		