

YMCA Sky-Y Camp Outdoor Education

School and Program Information Form (Please return 1 month prior to your trip)

Please return to:
Outdoor Ed. Director
Fax: 928-445-1908
or
5725 S. Senator Hwy.
Prescott, AZ 86303

Name of School _____

School Address: _____

School Phone: _____ Fax #: _____

School Trip Leader: _____ Home or Cell Phone: _____

School Email: _____ Home email: _____

Best time of day to reach trip leader: _____ I prefer to be contacted via (circle one) Email Phone

Home or School contact preferred: _____ I prefer paperwork sent via (circle one) Email Fax

Will the trip leader be at Sky-Y Camp? Yes No

If no, who will be the lead contact on the trip to Sky-Y? _____

Number of years your school has attended Sky-Y or Chauncey Ranch: _____

School 's Arrival at Sky-Y will be: Day _____ Date _____ Time _____

First meal is: Own Bag Lunch Sky-Y Lunch Dinner Notes: _____

School's Departure from Sky-Y will be: Day _____ Date _____ Time _____

Last meal is: Breakfast Lunch at 12:00 Dinner Pack a Bag Lunch for the road Early Picnic (sandwich) lunch
Special time: _____

Number of *Students* attending _____ Grades _____ Number of *Adults* attending _____

Cabin Information (All cabins sleep 12):

Number of Cabins needed for Females _____ Number of Cabins needed for Males _____

Do you need a space for teachers? _____ Do you need any extra cots put in any of the cabins? _____

If so, how many male vs. female teachers? _____

Do you plan to have students shop at the Sky-Y Store? Yes No

The Program Director will contact you with times the store will be open.

Please list **program areas/buildings** or **number of spaces** you would like for your own classes or own evening programs.

Do you need any extra equipment or materials? If so, to which area of camp and what day?

(CONTINUED ON NEXT PAGE)

Student Information (Attach additional sheets if necessary)

Adult supervision will be (check all that apply):

Parents Teachers High School Leaders.

Important medical situations we need to know?
(If so which group are those students assigned for classes?)

Any physical or emotional disabilities which may need class adaptations?
(If so which group are those students assigned for classes?)

Dietary restrictions for students and adults (i.e. vegetarians, vegans, lactose intolerant, allergies etc.) :

What **goals** would you like your students to achieve from this experience?

Please describe your students in terms of behavior and academic profile.

Any thing else we should know about your students before they arrive?

Have your students experienced any *prior outdoor education or teambuilding* experiences? If so where, what age, and what did they participate in?

How will your students be grouped for classes ? (plan on 15 students per group)

Boys and girls together Boys and girls separate
 Mixed Academic level Separate academic level
(Plan on at least 1 adult per learning group)

If your school is bringing **multiple grades**, will the students be separated by grade?

What areas of environmental education have your students studied?

Will the students complete a journal while at Sky-Y?

Thank you for taking the time to fill out this information, it will help us make the best trip possible.

Please return this form to the Sky-Y Program Director at least 1 month prior to your trip.

Program Information

Daytime Sky-Y led class choices:

Daytime classes that your school will lead:

Sky-Y led evening program choices:
(Sky-Y staff will provide 1 evening program per night if requested)

Evening programs your school will lead: