

CAMP OUAREAU OUTDOOR LEARNING CENTRE

Experiencing the Adventure of Camping for over 80 years

Group Leadership

Please list (first/last name) all those attending whom you have designated as supervisors for the visit (i.e parents, teachers, school volunteers, etc.). Please indicate their position within the group and how many days each supervisor is staying at the camp.

	Name	Position	# of Days		Name	Position	# of Days
1)				2)			
3)				4)			
5)				6)			
7)				8)			
9)				10)			
11)				12)			
13)				14)			

Food Service/Medical Information

Please list any group members that will require special dietary (vegetarian, food allergies...) or medical considerations (asthma...)

	Name	Consideration
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

** Please list any other concerns that you may have on the back of this form or on an attached form:

Signature: _____

Date: _____

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