



COLD CREEK CONSERVATION AREA TOWNSHIP OF KING



Contact Information:

Organization Name: _____
 Main Contact: _____ Phone #: _____
 Address: _____

Group Information:

Date of Arrival: _____ Number of Participants: _____
 Time of Arrival: _____ Age/Grade of Participants: _____
 Time of Departure: _____ Number of Staff: _____

Additional Information:

Is Lunch Required? YES NO Allergies: _____

 Are there any students with Special Needs? Will any accommodations need to be made to enhance student participation?

Program Selection:

Please check off the programs you would like to participate in:

Recreational Programs		Recreational Programs		Educational Programs		Educational Programs	
High Ropes Course		Team Challenge Pod		Maple Syrup		Orienteering	
Climbing Wall		Fencer's Feet		Our 5 Senses		GPS	
Low Ropes Course		Team Balance		Animal Games		Ultimate Survival	
Team Building		Team Beams		Junior Explorers		Historic King:	
Archery		Team All Aboard		Nature's Art Class		Please indicate which program	
Mountain Biking		Aerial Trust Dive		Map Masters			
Intro to Canoeing		Flying Squirrel		Diversity			
Snowshoeing		<i>When selecting the Team Challenge Pod please select 1 to 2 options.</i>		Pond Study			
Cross-country Skiing				River Study			

Please Fax completed form to:
905-859-8018

Contract Number:

Any Additional Information:

